THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XIII. PHILADELPHIA, SEPTEMBER, 1891. No 9.

LECTURE.

DIPHTHERITIC PARALYSIS—CHRONIC GASTRO-INTESTINAL CATARRH.

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I. DIPHTHERITIC PARALYSIS.

GENTLEMEN:—The first case I show you to day is one of great interest, namely, diphtheritic paralysis. This has manifested itself three weeks after the attack of diphtheria. The history of the case is briefly as follows:—

Fannie, aged 4 years, is the fourth in a family of five; parents both healthy. She has been rather delicate from birth. She was nursed at the breast for six months, when the mother was forced to wean her. The child had measles one year ago, and made a good recovery. She had diphtheria two months ago, from which she was confined to her bed for ten days. She was housed for two weeks longer, when she seemed perfectly restored to her usual health. The patient maintained her usual condition but three weeks, when she seemed to experience difficulty in swallowing, —slight at first, but growing markedly worse. Her greatest difficulty, strange to say, was in swallowing water. Food was occasionally, as well as water, regurgitated through her nostrils. At the same time she was noticed to have a husky voice. She has not been able to speak in a clear or high key from that time on. Her mother also says that she was growing awkward, falling easily in her walk and play. Her walk was noticeably uncertain and irregular. We will now start her across the floor of the arena, and notice how she first fixes her eye and balances herself before she starts for the objective point on the other side of the room. While she reaches it, she describes a wavering, limping, halting gait in order to do so.

This case is very interesting, as illustrating an important sequela of diphtheria. Paralysis following diphtheria bears this analogy to the nephritis following scarlatina, a proof positive of the occurrence of the disease.

We now place her on a chair, and try the patellar reflexes; they are gone. We open her mouth, and notice the soft palate; it is relaxed. We touch it with a pencil; no sensation is evinced. Palatal paralysis, with the exception of the loss of the tendon reflex, is the most common form of diphtheritic paralysis, is that in which the velum palati and the muscles of the pharynx are affected. You have noticed the order of progression of the paralysis—throat, voice, motion. This is the usual order of extension. We also have loss of sensation, as you notice when I touch the soft palate, as well as of motion. Paralysis following diphtheria may be more extensive than what you see before you. We may have paralysis of the eye, causing squinting; of the ciliary muscles, causing dimness of vision from erratic accommodation. This dimness of vision and the paralysis of the lower limbs may cause you to think the case one of ataxia. One more form of paralysis I must mention, which occurs not as a sequela, but with, or very shortly after, the initial attack,—one which soon ends our little patient; I mean paralysis of the heart. This form of paralysis will explain the sudden deaths we frequently have, especially when the

case looks otherwise most favorable. The frequency of paralysis following diphtheria is not exactly known, probably because a large part of those who would have paralysis, if they continued to live, die early in the course of the disease from other troubles—croup, blood-poisoning, etc. As many as 10 per cent. of all the cases that progress beyond the first few weeks have some form of paralysis,—so some of our best authorities state.

The cause of diphtheritic paralysis is yet far from being settled, but the microscopic study now given to it will soon afford us additional light. I am impressed by the statement of Dr. J. L. Smith, when he says, in this connection, that "the ptomaines spring into existence suddenly and unexpectedly under favorable conditions, as we see in the case of the cheese and milk ptomaines, the tyrotoxicon; and it is not improbable that chemistry, brought to the aid of microscopy, may yet reveal the fact that the common cause of diphtheritic paralysis is a ptomaine or chemical agent produced by microbic action."

Now, as to the treatment of our case. We all remember that diphtheria, like scarlet fever, leaves our patient very anæmic and prostrated. It does so because of its poisonous effect in the blood. Hence we will treat this case in two ways: preventive, that is to limit the extension of the paralysis, and, second, curative. The best authorities agree that by keeping our cases of diphtheria, however mild, in bed, and quiet for a week or ten days after the acute symptoms have subsided, we will prevent many cases of paralysis, for the exertion of an anæmic child naturally favors its occurrence. We will, therefore, instruct this child's mother to place her in bed and keep her there for three or four weeks. In the meantime we will insist on her being fed at regular intervals, every three hours, on bread and milk, made thick so as to form a semi-solid. You will recollect the fact that she can swallow soft or semi-solid food better than fluids. Rice-pudding, junket, mutton-broth, beef-soup made thick, extract of malt on her bread—these must be given her regularly every three hours. She may have, in addition, fresh fruit and vegetables, baked potatoes occasionally. Massage in these cases improves the general nutrition wonderfully; it favors peristalsis and promotes digestion and assimilation. Warm salt baths daily given act kindly also. For the medicinal treatment we will order a pill, because she can swallow it best, containing the following:—

℞ Strychnin. sulph., . . gr. $\frac{1}{30}$.
Ferri redact., . . . gr. I.
Quinin. sulph. . . . gr. ½.
Ac. arseniosi, . . . gr. $\frac{1}{30}$.
M. ft. pil. no. i.
Sig.: One three times a day.

This will be best administered in a little apple sauce or jelly. If the child shows no marked improvement on this, we will commence to give strychnine, $\frac{1}{40}$ grain hypodermatically. We will give this daily. This is especially indicated in pharyngeal paralysis.

II. CHRONIC GASTRO-INTESTINAL CATARRH.

GENTLEMEN:—This case has the following history: John, 3 years old, parents healthy; second child of a family of three; mother nursed him at her breast until he was fourteen months old, when he was weaned, having all his incisors and single molars well through. Has had none of the usual diseases of early childhood, except frequent attacks of vomiting and fever, acute indigestion, which the mother informs me her children frequently have. During the last six months the mother says her child has not seemed to be in good health; he is irritable; easily made to cry; cares less for play; goes to sleep frequently, morning and afternoon; has some fever after his naps; wakes up irritable; has lost flesh; has cold, clammy hands and feet, with a hot head; frequently hands will be hot and cold alternately; talks in his sleep; his nights are broken; will cry out and scream; has night terrors.

We now examine him before you on the table. Notice his general expression; he looks weary, leaden-eyed, skin is dry and pale; see the faint reddish tinge under his eyes, the whole underlid is slightly pinkish; this is a safe criterion to go by. Mothers will point it out to you, if you do not notice it yourself. This peculiar pink color is always associated with intestinal disturbance. Look at his tongue: red-tipped, heavy white fur on the dorsum; near the centre the dead epithelium is yellowish, and we can see through all this coating the large fungiform papillæ projecting, redder than their surroundings. The breath is heavy—a peculiar, sweetish, dead odor. The tongue, as a whole, seems too large for his mouth, and soft, running in between the inter-

stices of the teeth, and molded by them into scallops. His pulse is soft and feeble.

We now place him on his back and examine his abdomen. It is distended, barrel-shaped and tympanitic. He suffers pain when I make pressure. No one spot is more tender than another, unless it be the left hypochondriac region. This is explained, possibly, by the collection of imprisoned flatus in the angle of the colon at this point. Notice the thin and flabby limbs in comparison to his distended abdomen. This is also characteristic. We asked the mother about the intestinal movements. She tells us they are very uncertain; some days may go by without action—as long as three days; then he will have a very hard action,—balls, in fact,—occasionally with slimy mucus. These scybalous masses may be very numerous and small, or few and large, according to the character of the food the child may have indulged in. Occasionally the child has sharp attacks and diarrhœa, a regular flushing out of the whole intestinal tract. Then he is comfortable for a few days, sleeps well, and enjoys play. The mother tells us the child has frequent vomiting spells; sour, frothy mucus, mingled with some food, is eructated. We asked the mother with what she feeds her child. She informs us that since weaning he has had his place at the table, and has had "table food," the same as the adult members of the family; coffee, meat, fried potatoes, bread and butter, and vegetables—food good and nourishing for the adult, if properly cooked, but we scarcely find that, and unsuitable for the critical period of a child's life, when it has just given up a bland, uniform milk diet, the kind that nature intended him to have, for a coarse adult diet. We thus find this child literally starving, while it is surrounded with plenty. The cause, therefore, of all this child's trouble may be traced to the diet alone. These cases occur equally among the wealthy as among the poor, but the more fortunate child exchanges the coarse food we have mentioned for sweetmeats and candies and rich foods in general. Cases of gastro-intestinal catarrh occur more frequently at the end of nursing and at the commencement of second dentition. It occurs also more frequently during winter, because then the child is housed, and has not the out-door exercise so essential to maintain his healthy condition.

Now, as to the treatment. Correction of the child's diet will cure the disease. The mother must know how, when, and what to give her child. You cannot expect to teach her this at once, or by one telling; "line upon line and precept upon precept" must be your thought. Write out a diet-list, and name the hour for feeding, for the mother. She will, in this case, feed the child regularly every four hours; but, before commencing our reformation in the dietetic line, we must clean out the intestinal canal of its fermenting, irritating contents. You know a surgeon would never unite a wound until he had it thoroughly clean, aseptic, because he would not obtain perfect union. So we must clean out the offending material in the intestinal tract if we are to hope for any relief. We will, therefore, commence by ordering 2 drachms of the aromatic syrup of rhubarb, with a small quantity of bicarbonate of soda, three or four times a day, during the period of diarrhœa, as the mother tells us the child has had an offensive diarrhœa for several days. This will remove the bulk of the offending material, but if the bowels should become constipated, and yet remain offensive, we will order fluid extract of senna and syrup of senna, equal parts, and a drachm of this will be given every four hours until the action becomes free from odor. We will then commence with his proper food and the medicinal treatment at once. While the bowels are inclined to be loose, we will give fresh milk for his breakfast, a glass containing one-third hot water. With this he may have a few Graham crackers (not sweetened), or a stale roll, or some bread and a little butter. If the bowels should be confined, his breakfast would consist of equal parts of thin oatmeal gruel and milk, with bread and a little butter. At noon he may take junket, rice-pudding, bread and milk, or mutton-broth—not soup or beef tea. Or you may give a tender mutton-chop quickly broiled, free from fat, with a slice of stale bread and a quantity of spinach; or a baked potato may occasionally be given. As a rule, all farinaceous substances must be excluded from the child's diet, save stale or toast bread, and this allowed only in small amounts. Potatoes, peas, beans, turnips, carrots, parsnips, fruit (except a little dried fruit), cakes, pastries, sweetmeats, and butter must be left alone. Of permissible articles, milk, eggs, rice, lean meat are the chief. Fresh broiled fish, raw oysters, cauliflower, spinach, asparagus, celery

may be given. With a list of articles like the foregoing to choose from, you can write out a diet-list of sufficient variety to please the taste, yet not tire. If the appetite should flag, you will give five-drop doses of tincture nucis vomicæ before each meal. If much nausea should be present, one-drop doses after food of liquor potassæ arsenitis. Continue this until the indications are met. If much flatulence and colicky pains arise, give the following prescription:—

℞ Ac. muriat. dil., . . . f℥ij.
Tr. card. comp., . . . f℥j.
Essence of pepsin, . q. s. f℥iij.—M.
Sig.: Teaspoonful after food.

ORIGINAL COMMUNICATIONS.

DIET IN TUMOR AND CANCER.

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(Concluded from August MEDICAL BULLETIN.)

CASE XX. E. CUTTER, *Attendant. Cancer of Carpal Bones and Adjacent Tissues, with Axillary Complications. Diet of Unchopped Beef, Tea, and Coffee. Amputation at Middle Third of Forearm. Disease in Axilla Quiescent.* 1891.

In June, 1882, I saw at Vineland, N. J., for the first time, Mr. E. B. Osgood. He was suffering from a trouble in the palm and back of his right hand, which, in his occupation as shoe-cutter, he used all the time, and more than the left hand. Family have no taint of cancer. His hand had troubled him for thirteen months, and was much swollen and open on the dorsal surface. A probe introduced through the openings showed the carpal bones necrosed. On the under surface of the wrist was a curious volcanic-looking swelling, with an opening at the apex. It was about one inch and a half in diameter and one inch high. It almost touched the palm. It was boggy in feel and discharged pus. Did not look like a boil, but was malignant in appearance. There were in the right axilla several enlarged, stony, lymphatic glands, more or less fixed, some of which had fistulous openings and were discharging a curious flow, which, under the microscope, presented such varied and heterologous histological elements that I could not but call it cancerous. The patient was put on a diet of unchopped beef, with tea and coffee, until the condition of the general health was improved. The forearm was amputated at the middle third by Dr. Ingram and another. A good recovery was made, and he has continued more or less strictly on the restricted diet ever since, and is now at present in the enjoyment of a state of health which seemed impossible before. In fact, he is called well.

The local surgical attendants of Mr. Osgood regarded his case as hopeless, and publicly reported it as cancer. This I have from reliable testimony, independent of Mr. Osgood.

CASE XXI. E. CUTTER, *Attendant. Cancer of Womb Diet of Beef-Essence. Great Improvement and Arrest of Disease. Discontinuance of Treatment. Death.*

In 1880, Mrs. C., of Boston, wife of an advertising physician, came under my observation as a case of cancer of the womb, thus diagnosticated by eminent medical authority. It appeared to me a case of uterine fibroid, cancerously degenerated. She was about 35 years of age, childless, slender build, graceful form, and what was termed a "beauty."

Her disease had lasted for about two years, if I remember correctly. She had great pain in the pelvis, profuse bloody vaginal discharges, great nervous prostration, some emaciation, still a resolute will, and could control her appetite for food partly. She was able to go out a little, but with difficulty. She had an aversion to beefsteak and roast beef. Hence she was put on beef essence, made by putting lean beefsteak (freed from bone and cartilage and cut into cubes of about one inch) into a closed vessel (a common pint tin pail). This was set into a bath of cold water (a common tea-kettle), heated to boiling and kept boiling for two hours at least. The juice or essence of the meat was then squeezed out by placing it in the centre of a linen towel, gathering the four corners of the towel together and twisting the folded cloth on to the meat. No water or other fluid was added to the beef; so that the result was simply the concentrated juice.

As the case was urgent, the beef-essence was pushed so that she took on some days the juice of ten pounds of beef. One result of this was

diarrhœa of a profuse but painless character. It is well, in passing, to note that beef-essence in large quantities is a cathartic. Where the patient is feeble, I think this a good medicine for obstinate constipation, as the patient is not weakened thereby. Mrs. C. made a rapid improvement. The hæmorrhagic vaginal discharges ceased. She gained in flesh, strength, color, and looks. The pains were abated, the local disease arrested, and she rode considerably. But somehow a friction in management arose in which her husband came to the front and took charge of the case. The abandonment of the beef diet was followed by a return of all bad symptoms, and in the course of a few weeks she died of the cancerous disease.

Had this patient continued, I should have tried to have her go on to eat solid beef prepared with a chopper.

Though this is an unfavorable case, still it shows what full feeding on beef will do sometimes in a case undoubtedly cancerous.

CASE XXII. E. CUTTER, *Attendant. Cancer of Womb. Diet of Beef, Tea, Coffee, and Milk. Cure.*

Mrs. C., of Somerville, Mass., was a sister of Case XXI. Soon after the death of her sister, Mrs. C. applied for examination to see if she had the same trouble.

Her mental condition was bad, circumstances limited, and countenance cachectic.

There was some vaginal discharge, not bloody, and also some pain in the uterus. These things made her apprehensive and anxious. An exploration of the vagina showed knobbed enlargements of the os and cervix uteri, dense and stony, not ulcerated. The trouble was confined to the neck of the womb.

She was put on an exclusively animal-food diet, adding tea, coffee, and milk.

She was faithful to the extreme, perhaps because she knew the situation perfectly. The result was that the diseased appearances departed, and she is at the present time looking and feeling well.

January, 1891, apparent return of disease, but in stomach; womb normal. July, 1891, reported as quite well after going back to old diet. The local physician had diagnosticated cancer.

CASE XXIII. E. and J. A. CUTTER, *Attendants. Cancer of Breast. Uterine Disease and Consumption of Bowels.*

Madame —, aged 65, occupation gentlewoman. Came under our care February, 1889. Had a small growth in left breast, uterine hyperæsthesia and displacement, and chronic diarrhœa; also a sessile cancerous tumor in right chest-wall above breast, and one in right popliteal space, both of which were removed by galvano-caustic at the outset of treatment by Cutter electrode and battery. She was carefully treated for her uterine trouble with iodoform in capsules and vector, and has worn at two different times a Cutter stem-pessary for nearly two years. The condition of the bowels is much improved. Disease of left breast reduced; though slightly increased July, 1891. Axillary glands on same side no longer swelled. While this case wishes that the growth was gone, yet she is satisfied that it is reduced, instead of increasing. No return of disease in right popliteal space and right chest.

CASE XXIV. E. and J. A. CUTTER, *Attendants. Tumor and Cancer. Death.*

Madame —, aged 65. January, 1889, the senior writer found her sick in bed with peritonitis, and her relatives waiting for her to die. On the subsidence of the inflammation it was found that she had growths in the abdominal cavity which were large, involving the womb, hard and soft, evidently fibro-cystic. They extended to above the navel. She went on to systemic plans of diet, with the result of improvement so that she could go to New York, and was "going to get well." Still, the case looked ominous, and the possibility of cancer was suggested.

In May she became somewhat straitened in funds and stopped doctoring, but followed up the plans. This was a mistake, for in the fall we found that she was anxious to be treated, but feared to incur a bill. The case was, however, looked after. In the spring of 1890 it was decided to apply galvanism by profound abdominal puncture. This was done twice under anæsthesia. The result was the diminution and softening to a large extent of the growths in the lower part of the abdomen. But the stringency in her money matters did not abate; she became greatly worried, indeed was pushed for ready money for the very necessaries of life; her appetite weakened; she complained more of stomach and gradually wasted. Died in October, 1890.

A hurried post mortem was made by the junior writer, assisted only by a layman. The disease in lower part of abdominal cavity was

about gone. The intestines were matted by inflammatory products. In the left side was found a hard mass, which was imbedded in the muscles and encroached upon the stomach. A section placed under the microscope showed it to be epithelioma.

It was later ascertained that she had broken two ribs a number of years ago, and that more than ten years ago she had consulted a surgeon in Philadelphia for advice.

The history of this case makes us think that if she had been well supplied with money the disease in the side would have kept in abeyance, for she was a woman of remarkable fortitude and strength of mind.

CASE XXV. E. and J. A. CUTTER, *Attendants. Cancer of Breast. Cure.*

A woman, aged 64, living in Los Angeles, Cal., consulted us by letter over a year ago, stating that she had had a growth in her breast that her physician, a regularly educated and graduated practitioner, diagnosticated as cancer. She then fell into the hands of some one who took her cancer out by pastes, leaving an open sore, "as large as an orange," that would not heal.

Under systemic plans of diet and medication, followed up by examinations of urine and fæces sent by mail, this case so improved that the trouble in her breast healed.

On May, 1891, the patient was examined at our sanitarium to see what was the cause of a vaginal discharge. It was found that her pelvis was packed with a hard fibroid. The breast had healed in a beautiful white cicatrix.

Now, this case may not have been cancer; but trouble of that kind in the breast, at her age, is usually seriously regarded.

CASE XXVI. E. CUTTER, *Physician. Cancer of Womb. Diet of Chopped Beef* and Hot Water. Mild Systemic Tonics. Iodoform and Carbolic Acid Locally. Cure.*

In January, 1882, Miss W., a middle-aged clerk, was discharged from a hospital in one of our large cities to die of malignant disease of the uterus. The gentleman of the staff who discharged her has given a diagnosis confirming the above statement. Prof. R. J. Nunn, M.D., ex-President of the Medical Society of the State of Georgia, at my request, examined her subsequently, and confirmed the diagnosis. I mention these things because I treated her without seeing her. She suffered with profuse vaginal discharges, which were sometimes bloody and always offensive, until the use of iodoform removed the fœtor. The uterus was enlarged, the cervix stony, with considerable ulceration and excavation. She was conscious of her situation, and understood the diagnosis. Although placed in unfavorable circumstances, and devoid of her family's sympathy in the undertaking, with a heroism worthy of Dr. Twitchell, she went on to a diet of chopped beef (cooked) and hot water. Systemic tonics of a mild character were administered. Iodoform and carbolic acid were used locally. Morphological examinations of the urine, fæces, and vaginal discharges, once or twice a week, furnished me the means of keeping her up strictly to the plans. She remained on treatment over a year. From time to time other patients of mine told me of the marked improvement in her case. They said her general appearance was so much bettered they hardly knew her. From being confined to her bed, she became well enough to attend church and go out to walk daily.

In the summer of 1884, she visited me at my office in New York, and I saw her for the first time. Her appearance was that of perfect health, and she claimed to be in that condition. However, on examination, I found the uterus enlarged—about the size of a child's head. There was no ulceration or discharge, and I thought that if she was able to carry this enlarged uterus without any trouble I ought to be satisfied with the results.

1887, January 3.—Examined at office. I found by bimanual examination no enlargement of uterus. Os uteri normal, or nearly so. Some vaginal discharge. Appearance that of perfect health. Patient still alive in June, 1891. Is a clerk.

CASE XXVII. E. CUTTER, *Attendant. Cancer of the Uterus, with Serious Heart Complications. Fed Against the Appetite with Tenderloin Steak, Broiled. Result: Cure of Uterine and Cardiac Lesions.**

Some years ago a middle-aged mother of a large family lay sick in bed of great grief at the loss of her last daughter, who died under

* never prescribe beef raw, whether chopped or not.

* See Case III, "Feeding Patients Against the Appetite," Medical Register, Philadelphia, April 2 and 9, 1887.

peculiar circumstances.* There were present cardiac hypertrophy and insufficiency of the left auriculo-ventricular valve; severe attacks of angina pectoris, when it seemed that death was near.

The objective lesions, other than those named, were retroversion, engorgement, hardening, eversion of the os uteri, and behind the uterus four small, hard, marble-like tumors: very severe pain, sharp and stinging, in the pelvis mostly; profuse vaginal discharge, not bloody; menorrhagia. Added to this there was loss of appetite so complete that everything in the nature of food was loathed, even milk being repulsive; loss of flesh and strength, being unable to rise erect for ninety days; inability to lie on either side for most of the same time; nausea; legs cold and sweaty up to the knees; ofttimes great stomach distress, with wind colic; urine high colored and of rank smell, as if putrid; bowels constipated; a terrible feeling of nervous restlessness, causing her to move her feet rapidly up and down in the bed; visitors coming and assuring her by their looks and actions that she was about to die. Added to this there was cancer in her family, her father having died of cancer of the stomach and a maternal grandmother of cancer of the breast. She was put on general and local treatment, and it was faithfully carried out in connection with good nursing; but she gradually grew worse, until at the expiration of three months the symptoms were so alarming that I was obliged to take strong and decisive grounds, and to tell her: "You must eat, or die of cancer of the womb. Make up your mind to one or the other." She decided to live and eat, eating against her appetite, but with her intellect and reason and the advice of her medical attendant. She began with tenderloin steak, broiled and cut up very fine. The most she could take at first was a quantity represented by two teaspoonfuls; this she swallowed by a desperate effort, her stomach rising against it. She was fed thus every four hours. Even after she had fed thus for weeks she felt she would rather die almost than eat, but battled against appetite by sheer force of will. The only way she could get down the beef was by swallowing one mouthful of lager beer, which was the only article that did not go against the stomach. The quantity of meat was increased gradually, and she was fed two months against her appetite. The nausea, however, left in about three or four weeks, and at this time she was able to move some, and was placed in a Cutter invalid chair part of the day. After two months of feeding, she was taken carefully to the seashore, and there she began to get an appetite, but it took one year before she could walk five hundred feet.

Visited Europe 1889 and 1890, and stood the excitement and fatigue of the great Berlin Congress well. Is the joy and delight of her husband and family, and a living argument that cannot be ignored.

No person could have eaten so thoroughly against the appetite as this case did, and it was only from fear of death by cancer, whereof her father died, that made her struggle for life with all her powers. It was not death she feared, but the form, from which she revolted with horror. This is rather difficult to understand, but it is none the less true.

Results.—1. Heart normal in size.

2. Valvular insufficiency hardly perceivable.

3. Angina pectoris gone.

4. Uterine disease relieved, tumors disappeared, uterus mobile, discharges normal.

5. Urine clear as champagne, 1015 to 1020 specific gravity; no odor; no deposit on cooling.

6. Restoration to active duties in her position as housekeeper and mother of the family.

No medicine was given after the food treatment, save Hoffman's anodyne when she had palpitation of the heart and suffocation of breath; the severe, agonizing pain left soon after the diet was begun.

This case is the wife of senior writer, alive and well July, 1891.

WHAT IS CANCER?

THEORETICAL CONSIDERATIONS.

Cancer means "Crab," and is, in our opinion, tissue under malignant mob law, mainly due to defective nutrition.

Here it will be proper to show the reasons why cancer is called a disease of nutrition, as this is a vital point in our argument, and then we shall point out the ways in which it may be possible for food to modify cancerous condition.

Reason 1. Cancer, except in its last stages, is not a disease of the blood, so far as the

* This daughter died after a few days' illness, from the results of the perforation of the appendix cæci by an orange-seed.

writer can learn by morphological blood examinations for many years. We are quite willing to receive correction in this respect by any competent observer. Beale has taught that cancer is bioplasm with a diseased impress; that is, the blood element has a taint which manifests itself when it has a chance. It is latent till the conditions of development arise; till then the germs, so to speak, do not exist. This is his explanation of the hereditary taint. In our present status of knowledge, Beale's view must be accepted till a better is presented.

But our point is that, as cancer is not found in the blood, we must look for it in the solid tissues, which are generally found in rank, lawless development; in weak organizations with no powers of resistance like healthy tissue, the histological elements being out of normal place. This being so, then we may look for analogues in other kingdoms where tissue abnormal changes occur in organisms that can be studied, or have been studied, by man for ages; that is, the vegetable kingdom.

If a farmer undertakes to raise potatoes without manure, the crop is liable to be stunted, diseased with parasites, tumors and soggy structures, and no one wonders. Other things being equal, the result is by thoughtful minds attributed to want of proper soluble mineral food, and the researches of scientists bear out this popular view; so that it may be said, in general terms, if one wants to produce diseases that are analogous to what we call cancer in the animal kingdom, it is only necessary to interfere with this natural condition of growth, of which food is the most important element, as without food the plant could not grow at all. For more ideas in this direction, see the admirable series of volumes by Prof. S. W. Johnson, of the Connecticut Agricultural Station, "How Crops Grow," etc., published by Orange Judd & Co., New York.

Reason 2. Cancer is thought to be a disease of nutrition from the variety and multiplicity of its macroscopical appearances. My father, Dr. Benjamin Cutter, once had a patient, a young man of thirty years of age, who died of an obscure disease, the real nature of which was proved by a post mortem examination to be cancerous. The writer was the only one who suggested such a diagnosis, from the presence of some hard kernels in one testicle. Being nothing but a medical student, his opinion could not have had much weight. To be brief, the abdominal and thoracic cavities contained over a hundred cancerous tumors and conditions, of several colors and forms. Some of them were in contact with the peritoneum, red as a lobster, with flattened, crenated edges, one and a half to two inches in diameter, free and unattached, like chips carelessly thrown in. Saddling the lumbar vertebræ was a large liver-like tumor that weighed several pounds. It was in organic connection with the bodies of the vertebræ, which, removed and sawn into, disclosed the disease inside of the bones by the black, burnt color of the spongy structure and its diminished trabeculæ. The liver had its convex surface nearly all occupied with a large, thin, transparent sac filled with a hyaline, blue-colored liquid, whose morphological elements were made up of caudate, mother and hyaline cells resembling cartilage cells in perfection. Over the lungs were found very numerous free and variously colored cancerous growths. Some were found in the lungs and heart. The nodules in the testicle were also cancerous. In short, there was hardly an organ or tissue that was not profoundly invaded by the diseased condition.

Though this, to the writer, was an unparalleled case and the relation is toned down, still it practically exhibits in one instance how cancer may riot with all tissues.

The man suffered untold agonies of body, and the general opinion of the physicians present was that this remarkable condition of organic disease was induced by habits of dissipation, wrong feeding, and bad modes of life. It is quite certain the professional gentlemen would not deny that cancer in the case was a disease of nutrition, though the family was wealthy and were good livers, so-called.

Reason 3. Cancer is regarded as a disease of mal-nutrition because fibroids and solid tumors do cancerously degenerate. One case of the writer was a large, multilocular, sub-peritoneal, abdominal and pelvic fibroid that was carried for thirteen years, the subject maintaining her place as mother of a large family for this length of time. In early spring she moved into a house that had been unoccupied all winter, and stood in a low, marshy place. She took cold, was overworked, and never properly fed, and her disease changed its character. She then went to a hospital, and was nightly subjected to vaginal douches of hot water, which, she said,

always scalded and made her worse. At my visit she had returned home, being given up to die, as the disease had involved the body and neck of both bladder and womb and all the fibroids.

It is clear that when such growths put on malignancy it must be from some modification of the nutrition, and in the case given may have been somewhat as follows: The patient had had just about vitality enough to carry her fibroids, but when the extra demands on her nutrition were added by the domestic exigencies referred to, then the tissues of the fibroid ran riot into cancer. She attributed the rapid increase of the disease to the depressing influences of the hot water.

Reason 4. Cancer and other organic disease is more prevalent among those who are ill-fed, improperly fed and abused by themselves or others. For example, the writer has known a case of cancer of the stomach, when it was evidently caused by living in the suburbs and having business in the city, taking a light lunch there and returning late in the day, all tired out and having a hearty supper with much condiments.

A case of fungous hæmatoids, involving the left shoulder-joint, and finally attaining a diameter of at least one foot, occurred in the practice of the writer's father many years ago. It was an awful sight, with its livid volcanic-like protuberances. Indeed, it made up the larger moiety of the boy's body at his death. Now, this patient was ten or twelve years old, an orphan, obliged to pick up a precarious living by setting up nine-pins in a bowling alley. For some real or fancied neglect of duty he was beaten with a nine-pin. He soon after developed the disease, and ran away from the city into the suburbs on a railroad track, being found disabled on the track, and was cared for by the town authorities as a pauper. This terrible case of cancer was made possible by ill-nutrition in poverty and orphanage. Wealth, however, does not necessarily give good diet.

It is almost useless to enlarge on the idea that defective alimentation is a predisposing cause of cancer, nor is it worth while to adduce more reasons in favor of the view that the various diseased conditions called cancer are tissue diseases of nutrition, though it may not always be possible to trace the connection clearly. The warp and woof of disease embrace many different causes, all very much mixed. Indeed, it is so with most everything, even an apparently trivial event. So, when the multiplicity of causes, functions, operations, forces, factors, and conditions that combine to produce what we call life in the human system are taken into account, it is not to be wondered that the etiology of disease is a very difficult subject, and all reasoning about it is liable to doubt. Still, as there are salient features in landscape scenery by which we identify localities, so in the disease under consideration, mal-nutrition, however caused, is a great predisposing mountain or landmark of identification.

Malignancy.—The return after removal and the tendency to a fatal issue form the idea of malignancy which the profession and public attach to cancer.

And the real issue in the present writing is —can a malignant disease that has shown its character by recurrence be arrested and dissipated? Yes; and Dr. Twitchell's case proves it. But, says my reader, it is only one case. True; but it is positive, and, so far as one case goes, it shows the possibility of a so-called malignant disease being not malignant, and thus we are set face to face with the dictionary and our landmarks of knowledge. But are our ideas to be measured by opinions or by facts? Language is not fact. It is, or should be, an account of facts, which are eternal, while language changes in form, words and spelling, so that in six hundred years one can hardly realize that our language is English.

Again, as the world moves on, things that are declared to be impossible by foremost scientific and learned men have become facts almost while they are speaking. A notable instance of this occurred in 1858, when a learned society in London awarded a gold medal to a savant who read an essay on the absolute impossibility of laying an Atlantic Ocean telegraph cable, but the cable was laid before the medal could be put into the hands of the scientist, and has been, with others, a great accomplished fact in our modern civilization for over one-fourth of a century. Wonder if the savant got his gold medal? If so, I don't think that he makes much show of it. So, also, of Faraday and his celebrated utterance as to the absolute impossibility of ocean steam navigation.

These are not adduced to show that all new things are possibilities, but that some are, and

people should be cautious not to take positions as to impossibilities unless they are well acquainted with the facts in the case. You say that there is but one case like Dr. Twitchell's, but this is not the same thing as saying that there are none such.

The fact is, there is but little encouragement to report such cases as things now are. Few have the courage of a Bowditch to speak out the truth when it must disturb settled convictions and established opinions. And who is there that knows but that other cases, faithfully carried out like Dr. Twitchell's, might not have been cured? As, if one case has been cured, it is possible more may be. (The cases here are very respectfully presented to the consideration of the profession.) Just here is the rub. Few have the energy of character to act up to their convictions and carry out a plan that rides across the usages of society, the appetites and the deranged desires of a sick and diseased body. It is training for health against disease. There is also paralysis and indifference to the fact of a great impending catastrophe, though the condition of mind may be just the opposite. Writes a patient:—

"Cancer is the worst word in the world to me. No one could have failed faster than I did for two weeks after what Dr. M. said to me. . . . You, who are so strong and sensible may think me silly in this, and we will let it go that I am."

It now remains to point out the bearings of food upon cancer. If cancer is a disease of nutrition, why is it not the most sensible way to attack it through the food?

Starting out with the proposition that if any animal gets its normal food and is situated amid circumstances favorable to life, then the animal will be healthy (this is from the same root as hale, whole, holy, holiness); that an individual that is whole, symmetrically developed and acting, the tissues normal, the organs perfect, that individual will be healthy.

This is understood by man as applicable to other animals than himself. Hostlers know how to bring up a horse to health by giving him healthy feeding. Dairymen know how to feed their kine; trainers their pugilists, walkists, boat-racers, etc. All seek to get the systems of the animals in their charge in splendid condition, and then the diseased condition will leave as the "carpet baggers" did when government was established in the South. This is so important a principle that we restate it: When the human system has its skin, liver, pancreas, kidneys, and digestive canal all in splendid order, the *vis medicatrix naturæ* of the older writers will set the diseased conditions, of any kind, right. By disease we mean morbid changes of organic structure, though in a broad sense it includes sickness as well. But sickness is rather a functional disorder or derangement than one where organic morbid changes are such as are found in chronic disease.

The expression in the Gospel, "He healed all manner of sickness and all manner of disease," is very explicit.

Now, both are sort of physiological mobs. And, if you look at cancer as tissue run riot in a mob, it is to be quelled as mobs politic are—by law and order. If the riot is too strong for the law and order, then down goes the law and order. If the cancer riot is too much for the physiological law and order, the body systemic perishes.

Suppose one of the organs named is affected; if all the others are in splendid order, they will do the work of the affected organ, on the principle of vicarious function. For example, the skin will do the work, to a great extent, of the kidneys, etc.

Now, the molecular laying down and taking up of all the histological elements of the various organs and tissues of the body systemic are going on all the time. The time, according to the popular ideas, has been estimated to be seven years in which the whole body changes. Dr. Lyonell Playfair has stated his belief that in seven months it is changed. The writer thinks this estimate is much beyond the truth. Be this as it may, seven months is enough for our purpose.

ABNORMAL TISSUES SUBJECT TO NUTRITION.

The profession entertains the idea that only the normal tissues are subject, and that the abnormal tissues are not subject, to this law of molecular nutrition change. This is, to my mind, a great error.

Given good blood, good-working digestive, circulating, respirating, and secreting organs, if there is a diseased condition, the tendency is to remove that condition and establish a healthy one in its place. This is seen in practice.

FOOD CURATIVELY CHANGES TISSUE.

Admitting this for the nonce, as we should get ahead of our subject if we should prove it now, we would observe that food is "an agent of tremendous power" in the treatment of diseases not cancerous.

For example, in 1862, a man lay sick in Washington with typho-malarial fever, so diagnosticated by good authority. The disease was contracted in the Army of the Potomac. When the writer found him he was delirious, violent, tearing off all his clothing, trying to jump out of a third-story window, absolutely refusing to take anything in the shape of food or medicine. This state of things had lasted several days. The prognosis by competent medical authority being fatal, the writer was left to watch for the inevitable death. But, somehow the idea of starved nerve-centres was suggested, and with considerable opposition on the part of the household (the effort being looked on as entirely useless), some beef-essence was made by cutting lean beef from the top of the round into cubes of half-inch size; these were covered in a closed jar, without addition of any water or anything else; the jar was set in a pot of cold water and the water brought gradually to a boiling-point and kept so for two hours and a half. The juice was then expressed through the meshes of a crash-linen towel. A coffee-cup full of this was obtained at night when men were at hand. Five of them held the patient on the bed by main force, one at each limb, and one at the head held face upward. The writer then forced open the mouth and poured in the essence, and held it there till it was all swallowed. Then he was let go, and, instead of repeating his fierce efforts and movements, he lay quietly down and slept like a child. At the expiration of two hours, more beef-essence was administered with the same effect. This proving satisfactory, the plan was kept up until convalescence was established, and in less than fourteen days the writer took his patient to Massachusetts. He is now living, an active business man of Boston. Some quinine was given after convalescence, but the cure—and there was a cure—was effected by the beef-essence and nursing.

Another case, a daughter of a well-known physician in Middlesex County, Mass., aged 10 years, had an attack of what he called typhoid fever. He had been a surgeon in the army and navy during the rebellion, and there is no reason for doubting the accuracy of his diagnosis. During convalescence she began to fail rapidly. The parents sought advice of the writer, saying she would eat nothing but beefsteak, and, fearing to give it to her, they were at a great loss to know what to do. "Give her all she will eat," was the advice. A letter soon came, asking, "How much by weight?" "Anything under four pounds," was the reply. She ate freely, and in two or or three days was up, dressed, and down stairs, and is alive and well to-day.

During the summer of 1877, the writer was in Peabody, Mass., in consultation with a very reputable and worthy physician, in relation to a case of ovarian tumor. After this he said that a middle-aged lady, mother of a family, in whom he, for personal reasons had a deep interest and did not want to lose her, was very low with Bright's disease, confined to bed, pale as the sheet she lay on, vomiting all food, emaciated, too feeble to raise her head from the pillow or lift her hands, urine one-third albuminous, etc. He said, also, there was to be a consultation immediately with some physicians to act on the *dernier ressort* of transfusion of blood, which her husband was to donate from his arm. He asked if I would perform the operation, if it was thought advisable. On the consultation, the statements were found to be true, but there was no apparatus to transfuse the blood; so it was arranged that I should return to Boston and come back with it at 10 A.M., next day. Before I went home I had a solitary interview with the lady. I took my diet-list, and began with the articles named in order, and asked if she could eat them. She answered "No" to each until I named "tripe." She said she thought she could eat some. "Stop right here," said I; "get some of the best tripe to be found, broil it and let her eat all she can or wishes. In case she vomits it, let her have some more. Give her nothing else." I went to Boston and returned as agreed. At the station the doctor met me and said: "There will be no need of performing the operation." I saw his face was smiling, so was quite prepared for the favorable report that she had eaten tripe, kept it all down, and felt so much refreshed that it was needless to go on as proposed. She continued to eat tripe. In March, 1886, in company with my son, I saw this woman. She was apparently well,

though not able to do much work. Dr. — informed us that the casts and albumen did not disappear from her urine till more than a year had elapsed. Her diet till cured was mainly tripe. 1891, well at last accounts.

The writer knows of a case of consumption of both lungs and double pleurisy, in 1862, given up to die by his father, Dr. B. Cutter (a physician who honored his profession for forty years), and by himself. This case, after living during one winter on a fat hog and nothing else, was cured without attendance or medicine, and a few years since was sent to the house of correction for being a hard drinker. Died of drunkenness about 1888.

A physician's wife, eleven years ago, had a fibro-cystic tumor that extended from the epigastrium to within one inch of the vulva, the vagina being prolapsed. She went on to a diet of lean beef alone, and in three months the cyst had decreased so as to just protrude above the pubis. At last accounts remained cured.

Another case of fibroid, which had existed for fifteen years, under like treatment, combined with the iodide of potassium (she was syphilitic), resulted in the complete disappearance of the tumor in the course of two months.

The late Surgeon F. M. Dearborn, U. S. N., left Boston once in midwinter on board the "Franklin." They were caught in a snow-storm and he had at once 80 men down with pneumonitis. He fed them beef freely, and 1 case only died, though all were severely sick.

These cases have been adduced only to show the power of food in treating other diseases than cancer.*

LOSS OF NERVE FORCE A CAUSE.

Mental depression is too often an element in cancerous cases to be overlooked. There is nothing like worry to wear on the nutrition of the body. Worried lovers of both sexes, even the poets rhyme about their loss of flesh. The worried men of business, and women, who do far more work than most business men (for the writer believes that a mother of a large family has more demands made on her worrying faculties than the heads of great mercantile houses), grow poor, though poorness of flesh is not an infallible sign of worry. Now, sudden, marked and decisive loss of flesh from worry shows a terrible strain on nutrition.

As we now understand it, the explanation is that it takes so much force to "run" the nervous system, under the exhaustive strain of worriment, that there is none left to "run" the tissues, and the waste is not supplied and vital force is not given to the local nerve-centres of nutrition, and it is but a step or two from tissue wasting to the mal-produced tissue of malignant and non-malignant diseases. No doubt had Case XVIII lived on the animal diet exclusively she would not have had the mal-nutrition, for the following reasons: The animal diet puts the system in splendid condition, and confers strength to bear up under the stress of worry, etc. One way in which this is done is by saving the forces. It is more work to digest vegetable food than animal, and the nerve-force saved is no small item. If this is doubted, study the effects of baked beans on epileptics and bad vegetable food on children or adults. It would seem as if the ganglionic nerve-centres that preside over digestion in such cases were so completely overwhelmed that all the other nerve-centres are involved in the loss of force, and the epileptics and the colics must be regarded as the result of a job of digestion too great to be done; for, change the patients over to animal food, properly prepared, and the fits and colics cease. Language here seems to fail to be adequate for the ideas to be expressed.

This case (XVIII) lived on flour-bread, sugar, tea, coffee, some animal food, probably about one-sixth of the latter to five-sixths of the vegetable food. The flour and sugar being largely in excess and both very poor nerve-foods, is it a wonder that tissue degeneration resulted, as there was a tissue taint?

This great element of depression aids much in the tissue riot. In patients hope must be inspired, faith must be raised, and not only must the physician believe, but he must make the patient believe. Everything must be husbanded. There must be no force expended on anything else but running the system and fighting the disease.

THERE ARE DIFFERENT TYPES OF DISEASE.

Cancer has them, too. Some types are quick and kill almost by a blow, or destroy like a hurricane or earthquake, against which

* Cutter, E., M.D.: "Feeding Patients Against the Appetite," Medical Register, Philadelphia, April 2 and 9, 1887; "Seventy Cases of Consumption," Trans. Amer. Med. Assoc., 1880, pp. 338–408; "Food as a Medicine in Uterine Fibroids," Amer. Journ. of Obs., October, 1877; "Food as a Medicine in Agalaxia," *ibid.*, April, 1878; "Food as a Pathologic, Æsthetic, Chemic, and Physiologic," Amer. Journ. Den. Scien., Balt., January and February, 1880.

man is powerless. These admit of nothing like possibility of cure. There is not time left to save. Like a stroke of lightning, it kills resistlessly. But when the disease is slow, the circumstances favorable (and this means a great deal), and all work together with rigid fidelity, why, there is a possibility of doing good work.

BEST CONDITIONS FOR CURE.

The best circumstances are a sanitarium devoted to this purpose, where systematic treatment can be practiced, the food selected carefully, the cooking perfect, and the patients not allowed to vary from the plans. Oftentimes they begin, run well, and seem to realize the situation, and the growth shows a diminution, and then they will fall away from the diet, and often charge all the results of their backsliding to the plans of treatment. It is a great thing to manage patients and keep them under control. All will allow this, for, if not, no good results can be expected to follow.

Every means should be used, then, to keep up the discipline. Frequent communications, examinations of the blood, urine, and fæces to see if there has been any variation, and, when detected, to stimulate the poor, weak offender to the narrow, straight path of duty again. Lapses must not go unnoticed. The patient must be watched with jealous, interested care. Then, if time enough is taken, comes the possibility of cure. But all the chances can be lost very easily. A few mouthfuls of wrong food will do essential damage. "Few appreciate how sensitive the system is to daily and hourly impressions." A weak, irresolute mind, wavering character, restless and peevish disposition, a constant view of the dark side—these qualities will not succeed in hardly any work. One who gets well by self-denial, faith, perseverance, pluck, determination, energy, is like the victor on the battle-field after a long and tough fight. There is the same exhilarating triumph, and after the conflict is over he finds a conversion of appetite. Food liked before becomes distasteful, and it is very easy to go on in the right mode of living, so that, the predisposing cause being removed, the disease is vanquished by the simple molecular changes of nutrition. *Nature does the work.* Medicines are valuable to stimulate the glands, remove engorgements, and keep all the organs in good working condition. This is their place, for medicines do not cure of themselves. When a ship's cargo is shifted so that her spars dip into the sea, it is re-arranged by the crew, and the ship rights itself, and the crew say, "We have righted the ship." This is certainly so, but nature had a great share in the work. The crew simply acted in obedience to the laws of gravitation.

So man cures disease. The medicines, food, etc., help nature, and, in accordance with her laws, she does the cure.

IT TAKES TIME.

Agree to have a possibility of cure of cancer, there must be time—one to four years. This is a barrier to many. They could go one to three months, but not a year, and so throw away their chances.

IT TAKES MEANS.

Unfortunately, the terrible disease comes to the poor and ignorant, and there is no help for the words of the preacher, "The destruction of the poor is their poverty." It is a costly matter to provide for the sick of this class with food, care, nursing, and medical attendance. The medical profession give away an immense amount of unrequited services, but so long as they are not supported by the public, they often give away more than they can afford to and impoverish themselves. Here is a chance for the benevolence of the rich if it could be rightly adjusted. Many lives are now being saved by the bounty of the rich, but many are being lost for the want of aid. It would be possible to save more cases than now, were more means at command.

PUBLISHED CLAIMS TO CURE CANCER.

The papers are full of such claims, and, in the present state of the medical profession, it is difficult to see how any estimate of them, other than bad, can be made, simply from the fact that it is very dangerous for any medical person in good and regular standing to have anything to do with what is called "quackery." Still, the people patronize them, and reports of cures are rife.

Now, it is possible that some of these cases may be cancer, and may have been cured by quacks. History shows that Lazarus Riverius was a quack, yet he did much to advance medicine. Not long ago one of the most eminent surgeons was extolled by a layman for his wonderful operations on the bladder; yet a swineherd in France is said to have introduced the operation for stone, and must

have been a "quack." A good many surgeons have founded their great reputations on some operation of centuries ago.

The cancer hospitals in New York, in their public utterances, claim to cure at least one-third of their cases. It would be interesting to know *what they call cures*. Generally, cases operated on for cancer die in two years, but some of the diet cases of cancer have been cured for more than ten years.

There is said, on good authority, to be in a town in central New York a family who treat cancers by the use of a paste, the formula of which is known only to two members. They have made immense fortunes, have large establishments, and effect many cures (?). Not long ago a distinguished politician of Boston had cancer of the leg, and went to this place for treatment. It was a bad case, and seemed unfit for any treatment, and was dismissed. This action was creditable, as there was plenty of money in the case.

Evidently something is to be learned here. If we had patronage in this country, as in the old, such a patron could organize a commission of medical men, and have it authorized to make an investigation by some organized body, as the American Medical Association, and pay the expenses. The report of such a commission would settle the matter for the profession. Should it be found that it is a fraud, the patron and profession would gain credit for using all honorable and legitimate means to avail themselves of the knowledge. Should it be found that there were cures, then due credit should be awarded as deserved.

In passing, as to these pastes. The writer, a few years ago, had a case of epithelioma of the tongue, in Connecticut. The tumor was about 1½ inches long and 1 inch wide. The case was put on diet, with the understanding that if there was no improvement the tumor was to be removed by the galvano-cautery. Officious relatives and friends took charge of the case, and the patient was sent to North Adams and operated on by paste. He suffered indescribable agonies, "the torments of hell," as he told my son afterward, and caught cold by staying in an unwarmed room, and died at his home soon after his return. I saw him a short time before his death, and found that the cancer-tissue was destroyed. I have since been informed by my son that while attending the clinic of one of our most eminent surgeons he heard of a case of epithelioma almost similar to this one, which was removed eight years ago by the galvano-cautery, the patient now being in good health. These North Adams cancer people sent down a young man to doctor General Grant, and I deemed it my duty to write to one of the General's physicians, informing him of the facts above stated. My letter was given to a Boston Herald reporter, and published in that journal; so I trust that his posing as a martyr of bigoted doctors was somewhat offset.

What makes the writer think that some cases may be cured as represented is that he once saw a case that twelve years previous had been under the care of a so-called famous cancer doctor in Boston. The woman said she had been as she was when seen by writer—bloody vaginal discharges, agonizing pain, walls of vagina and urethra like stone, terribly hyperæsthetic, etc. She died thus, and the writer could not but look on her as a case of cancer. However, more lately the writer saw another case of this same doctor, called cancer, and treated by him for years as such, but which, when examined, proved to be a *fistula in ano* of fifteen years' standing in a remarkably healthy woman. A papilla, large as a fore-finger's end, occupied the perineal end of the fistula, and the ordinary surgical operation with one cut did away with the "cancer."

They make more thorough work of these things in Paris. A few years ago a mulatto gained a tremendous celebrity as a cancer doctor, and was surrounded with an abundance of wealthy and fashionable clients, and made fame and fortune. But when he was given wards in a hospital, and cases were carefully watched, his star went down like a descending rocket, as his claims were not sustained. It may be his treatment was thwarted unfairly. We hope not, as it is a terrible subject to trifle with. Every advantage should have been given the claimant, as there doubtless was, even if irregular and ignorant.*

But, a regular or irregular medical man, who has, or thinks he has, anything to throw light on the possibilities of curing cancer, so long as he observes the rules of good society, is entitled to a respectful hearing. It is too bad that original workers are bulldozed, in-

* Perhaps this doctor conferred force or virtue or dynamos as the Greek has it, which gave nature power to heal, for she will heal anything if she has a chance.

sulted, ridiculed, and put down by men who profess to be gentlemen, scholars, physicians. This is bad for the workers, who are thus soured and discouraged. It is bad for the profession, as it often loses the knowledge it needs to save life and prevent misery. It is, to speak plainly, a devilish thing thus to throttle progress, and is worthy of the dark ages of ignorance and superstition. It was enough to raise a storm of righteous indignation to see how some tried to hoot down Dr. Sayre and his plaster jackets. To interfere with any means whereby the miseries of poor humpbacks could be relieved was a hellish thing.

OTHER CONSIDERATIONS AS TO FOOD.

To syllogize, some difficult cases of chronic and acute diseases of nutrition have been cured by food. Cancer is a disease of nutrition. Hence, it is not improbable that cancer may be cured by food.

Or, food has proved to be an agent of tremendous power of cure in some acute and chronic organic diseases. Hence, cancer may possibly be cured by the tremendous power of a food.

A comprehensive view of food divides it into animal, vegetable, and mineral. It is any substance taken into the system to sustain life in all its varied phases. It includes the air we breathe, the liquids we drink, and the aliments we eat. Air and water are mineral. Animal and vegetable food are organisms with which we all are familiar.

The human animal, to exist in normal condition, must continuously and constantly come in contact with foods derived from the above sources. The range of alimentary objects for man is very large, yet we find him about as helpless, feeble, and weak in his choosing as other animals, though he must select his normal food, as they do.

But, curiously enough, in his early history, nature provides a bountiful supply for all his wants, if she is let alone, in the shape of that unique and wonderful product of the protoplasm of the epithelial cells of the mammary glands—milk.

Whatever difference of opinion there may be among intelligent persons as to the diet of after life, there is none about the first supply. It is animal food. Under its use, provided the mother is healthy and properly fed, the infant thrives and is one of the most beautiful objects found on the earth. The urine is free from odor, clear as champagne, no deposit on cooling, 1015 to 1020 specific gravity, the fæcal evacuations are not disagreeable to the smell, and when examined are found to be structureless and homogeneous under the microscope.

Milk contains all the elements of a perfect food. Were it not so common, the world would marvel at its wonderful properties. But it should be taken direct from the glands, in order to prevent the fermentative vegetations which so soon develop after it has been removed.

The processes of nutrition in a healthy babe are certainly up to the standard of perfection, and one would hardly expect to find the disease we call cancer in them.

It is possible that here is the key to Dr. Twitchell's case; in the milk consumed he found a natural aliment by which he put his system into such perfect order that the diseased condition near the eye was removed, as it were, by the natural laws of the body.

But, to our subject. When the infant has become a child having teeth, the period of weaning is over and the child enters on a new *régime* of existence, cut off from its magnificent food of infancy, and the all-important subject of what to eat now has to be settled at once. On what grounds is it usually settled? On those of ethics, manners, and customs; always more or less, where possible, on the ground of æsthetics, or the love of the beautiful in relation to appetite or the sense of taste.

The writer is aware that the cultivated confine æsthetics to the senses of sight and sound—architecture, painting, music, oratory, etc. But these are all forms of motion; that is, in the actual realization of æsthetics. Still, take a hungry man after a long day's work, the appetizing food will appear more beautiful to him by as much as it is more necessary than all the delights of the eye and ear. The history of the æsthetics includes the delights of the cook as much as those of the artist. Indeed, some cooks call themselves artists, and rightly.

But, be this as it may, it is an undeniable fact that man selects food because it is pleasant to the eye, taste, touch, smell, and hearing, and not wholly for the purpose of sustaining life and satisfying the wants of nature.

So it will be seen that our common diet-lists are made as much to correspond with the de-

mand of æsthetics as is possible with the monetary means of the parties concerned.

Parents and guardians select this food. Those things which are pleasant (æsthetic) to the taste are much in demand—sugar and its preparations, for example. It is eaten not for the dietetic value, but because it tickles the palate with its delights (gustatory æsthetics). This article is consumed in enormous quantities.

So fruits are judged by the senses of sight, touch, smell, and taste. When we were boys, did not cherries appear more tempting to the eye than they were pleasant to the taste?

This subject is worthy of development in a book.

Other aspects of food are hardly consulted by the great body of eaters. These are the chemical, physiological, pathological, and therapeutical.

There has been, and probably ever will be, the greatest diversity of opinion as to what constitutes the natural food of man, far more than for the so-called lower animals.

What to eat has been the watchword of nations, religions, and governments for ages. Some say no animal food should be eaten, and others say the reverse. Vegetarians fight animal-food eaters, and *vice versâ;* but, so far as the writer can judge, it would seem as if the question had settled down to the proper proportion of animal food to vegetable food. This is not a polemic paper; hence, we would respect those who respect us, and, while we would not try to force our convictions on others, at the same time we would maintain our own views and give the reasons therefor, as, if they serve no other purpose, they can act as a history of opinion prevailing at the present time.

The writer adopts the plan of two-thirds animal and one third vegetable as the natural, normal food for man in health after weaning.

The reasons are:—

1. When men desire to accomplish certain feats, like a contest of pugilists or of boat-racing, they go on to this plan nearly, with exercise, and the invariable result is a wonderful improvement in physique, and the more rigid the training the better the chances of winning in the competitive contests.

2. Such a diet has been found, in my own experience and that of others, to supply the nursing mother with an abundance of milk for her offspring, of a healthy kind, so that the babes have thrived wonderfully, and the supply has held out longer than when the mother was fed on other food.

3. The urine of those who live on this proportion of animal and vegetable food is almost identical in physical characteristics with that of the healthy babe. The usual offensive odor of urine does not belong to an absolutely perfect state of health, and many persons go through life calling themselves and being called healthy when they are not.

The human body is very accommodating to circumstances, and elastic. It will exist under unfavorable circumstances, and there must be great allowance made for constitution, character, etc.

But healthy feeding, other things being equal, will give great advantages over unhealthy. Some of these circumstances are occupation, bathing, exercise, cleanliness, healthy telluric and atmospheric surroundings, wars, rumors of wars, pestilences, perils by land or sea, governmental conditions, color, sex, profession, education, race, industrial and geographical environments, etc., etc.

4. The fact that about two-thirds of the thirty-two teeth of the human being are mechanically formed for eating meat, and about one-third are formed for vegetable, is also another reason for this rule.

5. Again, the stomach is organized to digest meat, while the small intestines are provided with glands to digest vegetable tissues. For this reason the diet should be mixed; that is, animal and vegetable, and not exclusion of one or the other.

6. When an adult lives on this proportion, one finds the same physical qualities of the urine and fæces as found in healthy nursing infants, and if intestinal gases are voided they do not have the rank sulphuretted hydrogen odor so common to discharged intestinal flatus.

By this it is seen that this standard of health is set high, too high, perhaps, as it is not often found; but still the fact remains that this result may be obtained in almost any case of disease, no matter how chronic or severe, if the patient will live faithfully to the plan which is more rigid than two-thirds animal and one-third vegetable, as to the writer's knowledge has been done and is being done in consumption and syphilis, to speak of no more. These tests show to the writer's mind the validity of the position taken, in a practical way, by actual examples of living cases watched by chemi-

cals and the microscope so positively that he does not propose to give up until the opponents of the position demonstrate that it is incorrect, not by simple *dicta*, but by the tests of physical explorations with the best modern instruments of precision.

The kinship of uterine fibroids, according to the present view, is close enough to allow the introduction of the principles of treatment in this place as presented to the Tenth International Medical Congress, at Berlin.

I. "Our bodies change once in seven years." I think, with Dr. Playfair, of London, they change once in seven months, and oftener.

II. The body is all the time being laid down and all the time taken up. Healthy or unhealthy tissue alike.

III. If there is force enough for the body systemic the tissue will be laid down and taken up normally.

IV. If there is not force enough to do III, then abnormal action comes, and the result may be chronic disease.

V. The way to remedy the trouble is to restore the normal power of the body systemic.

1. By proper feeding.

2. By proper hygiene.

3. By proper medicines to tone the glands, aid the digestion and elimination, and make the machine run smoothly.

4. By saving the useless expenditure of nerve-force in (*a*) work and (*b*) too much pleasure.

5. By the conferrence of nerve-force by massage, horseback-riding, and in fresh air.

6. By the inspiration of hope; thus psychological force is given and the sympathetic nerves have a chance to do their work.

7. By galvanism. This cannot be ignored. How it acts, I do not know. It may be, as with throat topical applications, we stir up things in the hope that as they settle down they may settle healthfully. At any rate, galvanism, given by profound puncture into the substance of the tumor, strongly stimulates the vasomotor system. We have much to learn in this direction.

8. It should never be forgotten that nature is always willing to cure if she has the means to do it with. That some of the conditions we call disease are merely manifestations, or the results of the manifestations, of nature's efforts to warn off or expel or relieve unnatural action.

9. When a case is cured, we can only say that in some known or unknown way we have aided nature, and she has cured, not we.

10. So long as we can trace at least three-fourths of all our diseases to improper feeding and wrong modes of life, it follows that food in fibroids is the most important thing to be looked to. If you give normal food, other things being equal, and, as the Irishman says, "your patient lives long enough" (that is, not upset by intercalating causes), nature will cure numbers of cases now not cured, simply because she has power enough to enforce her own laws.

Finally, there is an institution where cases of cancer and tumor can be treated on these plans.

E. CUTTER.

"THE ARISTON," 1730 BROADWAY, NEW YORK.

*NOTES ON PHARMACOLOGY—CONIUM.**

BY WILLIAM MURRELL, M.D., F.R.C.P.,
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I. ORIGIN.

BY conium we mean the fruit, fresh leaves, and young branches of *Conium maculatum*, the common greater or spotted hemlock, an indigenous plant growing wild in almost every climate, and found in abundance in hedgerows and waste places. The root is fusiform, like the parsnip; the stem is from two to five feet high, herbaceous, erect, round, hollow, much branched, polished and variegated with spots and streaks of a reddish-brown color. The leaves resemble those of the common parsley.

The word conium is derived from κωνος, a cone or top, and is probably used figureatively in reference to the giddiness which preparations of the plant induce when taken internally.

The official parts are the fruit and the fresh leaves and young branches. The root is the least active portion, and when gathered at certain seasons of the year is almost inert. Both the leaves and the fruit have a strong, heavy odor, which is developed by the action of an alkali, and resembles the smell of mice or the urine of cats.

II. ACTIVE PRINCIPLES.

1. *Conia, Conine, or Coniine.*—This is a liquid alkaloid (like nicotine and pilocarpine),

* Being an abstract of lectures delivered at the Westminster Hospital, London, England.

colorless when pure, and having a powerful odor, like that of mice. This odor is characteristic, and may be detected in a solution containing not more than one fifty-thousandth part of the alkaloid, Conia is soluble in ether and in alcohol, and is slightly so in water. It leaves a greasy stain on paper, which disappears on warming. It forms salts with acids, which are odorless, but on neutralizing the acid with an alkali the smell at once becomes apparent. The vapor of the alkaloid is inflammable and burns with a yellow flame, giving off a great deal of smoke.

2. *Methyl-conia or Methyl coniine.*—This alkaloid exists in conium in variable quantities, and is often a large ingredient in commercial coniine. Possibly it is a decomposition product.

3. *Conhydrin or Condrin.*—This is a solid alkaloid, and is much less active than coniine.

4. *Conic Acid* is also present, but presents no points of interest.

A volatile oil is also found, which is not poisonous.

III. PREPARATIONS.

(*a*) *Of the leaves.*

1. Succus Conii.—Hemlock-juice. The expressed juice of the fresh leaves, with the addition of one-third of rectified spirit.

2. Extractum Conii.—Extract of hemlock. This extract is prepared in the same way as other green extracts.

3. Pilula Conii Composita.—Compound pill of hemlock contains extract of hemlock and ipecacuanha.

4. Cataplasma Conii.—Hemlock poultice. Made by mixing together hemlock-leaves and linseed-meal.

5. Vapor Coniæ.—Inhalation of coniine. An inhalation not of conium, but of coniine, prepared by adding solution of potash to the extract.

(*b*) *Of the fruit.*

1. Tinctura Conii.—Tincture of hemlock. A tincture made with proof spirit.

IV. PHYSIOLOGICAL ACTION.

Conium is a most active poison, being, according to some, only second in activity to hydrocyanic acid. The effects are due to the coniine and methyl-coniine which it contains. These active principles being volatile and liable to decomposition, the activity of the different preparations of the plant is in the highest degree uncertain. Probably the succus is the most reliable. The quantitative relation of the two alkaloids varies much. Their actions are similar, though not identical, methyl-coniine exerting a special influence on the spinal cord and causing paralysis of reflex action.

The action of conium on man and on the lower animals is in the main the same, although some vegetable feeders, such as goats, sheep, and horses, eat the leaves with impunity.

A very good idea of the general action of conium may be gathered from the account of the death of Socrates, as given by his friend and disciple, Plato. Christison, it is true, maintained that the plant actually employed was not conium, but a closely allied species; but the description is sufficiently accurate for all practical purposes:—

"And Crito, hearing this, gave the sign to the boy who stood near. And the boy departing, after some time returned, bringing with him the man who was to administer the poison, who brought it ready bruised in a cup. And Socrates, beholding the man, said, 'Good friend, come hither; you are experienced in these affairs; what is to be done?' 'Nothing,' replied the man, 'only when you have drunk the poison, you are to walk about until a heaviness takes place in your legs; then lie down; this is all you have to do.' At the same time he presented him the cup. Socrates received it from him with great calmness, without fear or change of countenance, and, regarding the man with his usual stern aspect, he asked, 'What say you of this potion? Is it lawful to sprinkle any portion of it on the earth as a libation or not?' 'We only bruise,' said the man, 'as much as is barely sufficient for the purpose.' 'I understand you,' said Socrates, 'but it is certainly lawful and proper to pray the gods that my departure from hence may be prosperous and happy, which I, indeed, beseech them to grant.' So saying, he carried the cup to his mouth, and drank it off with great promptness and facility.

"Thus far most of us had been able to refrain from weeping; but when we saw that he was drinking, and actually had drunk the poison, we could no longer restrain our tears. And from me they broke forth with such violence that I covered my face and deplored my wretchedness. I did not weep for his fate so much as for the loss of a friend and benefactor, which I was about to sustain. But Crito, unable

to restrain his tears, was compelled to rise. And Apollodorus, who had been incessantly weeping, now broke forth in loud lamentations, which affected all who were present except Socrates. But he, observing us, exclaimed, 'What is it you do, my excellent friends? I have sent away the women, that they might not betray such weakness. I have heard that it is our duty to die cheerfully, and with expressions of joy and praise. Be silent, therefore, and let your fortitude be seen!' At this address we blushed, and suppressed our tears. But Socrates, after walking about, now told us that his legs were beginning to grow heavy, and immediately lay down, for so he had been ordered. At the same time the man who had given him the poison examined his feet and legs, touching them at intervals. At length he pressed violently upon his foot, and asked if he felt it, to which Socrates replied that he did not. The man then pressed his legs, and so on, showing us he was becoming cold and stiff. And Socrates, feeling it himself, assured us that when the effects had ascended to his heart he should then be gone. And now, the middle of his body growing cold, he threw aside his clothes, and spoke for the last time, 'Crito, we owe the sacrifice of a cock to Æsculapius. Discharge this and neglect it not.' 'It shall be done,' said Crito; 'have you anything else to say?' He made no reply, but a moment after moved, and his eyes became fixed. And Crito, seeing this, closed his eyelids and mouth."

The chief action of the drug is on the motor nerves, and especially on the motor extremities of these nerves. It can be shown experimentally that it is not due to any action on the muscles themselves, for they contract to galvanic stimuli, applied locally, just as freely as muscles which have not been subjected to the action of the drug. The paralysis is not due to the action of the drug on the cord, for when one leg is protected by ligature of the artery and vein, and the poison is injected, there is no paralysis in the protected limb, although the drug has full access to the cord. The reason for supposing that the drug acts chiefly on the peripheral extremity of the nerve is that, if the vessels are ligatured and the leg then cut off, leaving it attached only by the motor nerve, the paralysis ensues more quickly in the unsevered limb than in its fellow, although the main trunk of the nerve is in each case equally exposed to the action of the poison. We know that the sensory nerves are not paralyzed, for, if one limb is protected from the action of the poison by ligature of the vessels, irritation of the paralyzed limb induces movements in the leg which is not protected. The brain is clearly not affected, or, at all events, only in a secondary degree, for sensibility—the case of Socrates, to wit—remains unaffected to the last. Death ensues from paralysis of the respiratory muscles.

The pupils, in cases of poisoning by conium, are dilated, and there is usually ptosis, due to paralysis of the third nerve. The dilatation of the pupil is also the result of paralysis of this nerve, and is not due to stimulation of the sympathetic. The involuntary muscles are not affected, for peristaltic movements of the intestines are observed post-mortem. There is no direct effect on the heart, for, although it soon ceases beating in cases of poisoning by this drug, its action can be maintained by keeping up artificial respiration.

CASE OF INDIRECT INGUINAL HERNIA IN THE ADULT CURED (?) BY THE USE OF THE TRUSS.

By EUGENE L. CRUTCHFIELD, M.D., F.S.Sc. Lond., Member of the Clinical Society of Maryland.

IN January, 1886, X. Y. Z., a medical student in this city, aged 23 years, noticed a swelling in the right inguinal region, just entering the scrotum. Observing that it pulsated when he coughed and disappeared when he assumed the recumbent position, he naturally concluded that it was a hernia. He accordingly consulted his preceptor, who made a careful examination, but discovered nothing, as the hernia did not happen to be down just at that time.

Several months were allowed to elapse, during which time the patient observed that the swelling was increasing in size and occasioning him some amount of pain, as it pressed aside the pillars of the internal ring, forced its way along the inguinal canal, and emerged through the external ring. Especially was the pain experienced after standing for a protracted period or after lifting some weight. Again he consulted a physician, who confirmed the student's diagnosis. He then returned to the first physician, whose advice he had sought during the winter, and he now corroborated the diagnosis

of hernia. This view was also held by the instrument-maker who fitted the truss.

Commencing to wear a truss on June 17, 1886, he continued its use until about November, 1888, when he noticed that the hernia had ceased to descend. He did not leave off the truss, however, until March 29, 1889. No descent of the hernia has occurred since November, 1888.

Is this patient cured? If so, the case is worthy of being reported, inasmuch as the result is somewhat at variance with the statements of recognized authorities concerning the prognosis of inguinal hernia. Thomas Bryant, F.R.C.S., says: "In infants a complete cure is often obtainable by these means in a year or so; and if no descent or any other symptom of hernia shows itself for another year, the truss may be left off. In cases of hernia occurring after infancy, it is, however, never safe to leave off a truss."* According to Dr. Thomas H. Manley, of New York, the prognosis is even less favorable. In a paper on "The Radical Operation for Hernia in Infancy and Early Childhood," read before the Section on Surgery of the American Medical Association, May 21, 1890, in Nashville, Tenn., he said that "though the major portion of hernial cases recovered under the truss in childhood, yet they almost invariably returned later."†

The most hopeful opinion that I have seen expressed is that given in Holmes's System of Surgery, vol. ii, article on "Hernia," by John Birkett, revised by John H. Packard, M.D. "The expediency of judiciously pursuing the mechanical treatment of every variety of hernia cannot be too strongly urged upon the laity by the profession. In both sexes it should be carefully conducted the moment that the slightest protrusion shows itself. Whether the hernia occur in infancy, youth, at middle age, or at later periods of life, if properly watched and judiciously supported, it usually gives but little trouble; in many cases it is even cured."

From these quotations we see that recovery is not always to be expected in cases occurring in the adult. Therefore this case is in this respect somewhat unique, if, indeed, a cure has been effected. This, however, can be determined only as time advances.

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* Manual for the Practice of Surgery.

† *Vide* Gaillard's Medical Journal of July, 1890, p. 75.

ABSTRACTS.

A Case of Paralysis of the Recurrent Laryngeal Nerve in a Subject of Pulmonary Tuberculosis.—At a meeting of the Laryngological Society of Berlin, M. Landraf related the case of a young man, 20 years of age, who suffered from disease of the left apex, and who had been treated by injections of tuberculin. After a series of fourteen injections, hoarseness supervened. A swelling was perceived at the right side of the cricoid cartilage. The pulse varied from 120 to 140. There was dullness at the level of the sternum, and extending toward the shoulder in the subclavicular region.

Suddenly a paralysis of the left posterior crico-arytenoid occurred, and eight days later a total paralysis of the recurrent nerve of the same side. Death took place, and at the autopsy the left posterior crico-arytenoid muscle appeared paler than the right. Its fibres had undergone fatty degeneration. There were no tuberculous glands in the mediastinum. The apex of the left lung was retracted, and the dullness on percussion was due to the vessels. Microscopical examination showed that the recurrent nerve was degenerated. Below the arch of the aorta was found a small gland, slightly enlarged, but not cheesy. M. Landgraf believed that the case was one of primitive inflammation of the recurrent nerve.—*Revue de Laryngologie*, etc., July 15, 1891.

A Vertebral Artery Visible in the Pharynx.—At a meeting of the French Society of Otology and Laryngology, M. Gellé communicated an observation which he had lately made. In a woman, aged 46 years, whom he had seen with Professor Verneuil and Dr. Galezowski, he had perceived, when examining the throat, regular pulsations, synchronous with the beat of the heart, situated upon the spinal wall of the pharynx. The pulsations described an ascending curve nearly 1½ inches in length, seated upon the left lateral half of the spinal surface of the pharynx. They conveyed the idea of the presence of a large artery ascending in front of the vertebræ. The size of the vessel and its evident subpharyngeal seat opposed the supposition that it was the ascending pharyngeal. The speaker at first supposed it to be the internal carotid taking an

anomalous course, but its complete isolation and the absence of any branch given off led him to conclude that it was the vertebral artery. It is, in fact, not rare for that vessel to enter its osseo-fibrous canal at the fifth, fourth, or even second vertebra. It has been seen to leave its canal at the third vertebra to re-enter it at the atlas.

M. Moure remarked that anomalous pharyngeal arteries are more frequently seen than M. Gellé appeared to think. He had quite often seen them in making laryngological examinations, and several American authors had called attention to the presence of large arteries upon the wall of the pharynx.—*Revue de Laryngologie*, etc., July 15, 1891.

Lupus of the Middle Ear.—Only 1 case, that of Gradenigo, had been previously reported. The patient succumbed to a pulmonary consumption, complicated with laryngeal stenosis and a lupus of the face, trunk, and extremities. A second case has been (Annales des Maladies de l'Oreille, May, 1891) recorded by Ouspenski. The patient, a peasant 18 years of age, was attacked by a primitive lupus of the nose, and subsequently by an otorrhœa, which gradually disappeared. He was afterward treated by means of Koch's lymph, and after the second injection experienced severe pain in the ear. The discharge re-appeared. Ouspenski examined the patient after the eleventh injection, and found the membrana tympani infiltrated with a gray coloration. The malleus was not visible. At the lower portion of the membrane was a round perforation with irregular borders. There was considerable suppuration. Examined under the microscope, numerous micro-organisms were found in the pus, and among them a small number of Koch's bacilli. The author supposed that the disease had been propagated to the middle ear through the Eustachian tube.—*Revue de Laryngologie*, etc., July 15, 1891.

Impetiginous Stomatitis.—At a meeting of the Medical Society of the Hospitals, a communication upon this subject was made by MM. Sevestre and Gaston. They have observed several examples of a form of stomatitis which has heretofore been insufficiently described. The affection is characterized clinically by the following symptoms: It attacks at first, and often exclusively, the internal surface of the lips, and sometimes certain points of the buccal mucous membrane, and appears in the form of whitish, diphtheroidal patches. These first develop upon the right or left of the middle line, are opaline and semi-transparent, but afterward become thicker, grayish, and finally yellowish. They are closely adherent to the mucous membrane, from which they cannot be detached without the escape of a few drops of blood; are about ¼ inch long, and about half that width. They may extend more or less upon the gums. Upon the upper lip they are more discrete, and situated near the median line. Upon the inner surface of the cheeks they develop upon a line with the commissure. They are sometimes seen upon the tongue or soft palate, never upon the tonsils or in the pharynx.

Their evolution is rather rapid. After four or five days the patches diminish in thickness and disappear, leaving, sometimes, fissures difficult to heal. The mucous membrane surrounding them is red and swollen, but the breath is not fetid, the pain is slight, and the glands are not involved. There is no fever.

This affection especially attacks debilitated children suffering from gastro-intestinal trouble, measles, whooping-cough, chronic coryza or impetigo of the face.

The diagnosis is generally easy. It cannot be confounded with aphthæ, muguet, gangrene, or syphilis. Ulcero-membranous stomatitis is localized upon the gums, and accompanied by an excessive fœtor of the breath. The differentiation of diphtheria is more difficult, and cases of impetiginous stomatitis have probably often been reported as benign diphtheria. The localization upon the lips, the occurrence of a single attack, and the adherence of the false membrane are points which allow a diagnosis to be made.

In our 8 cases we have found the staphylococcus aureus. In 3 cases this organism was associated with undetermined bacilli which played simply an accessory part. In those in which the patient suffered at the same time from impetigo, we found the staphylococcus aureus in the crusts. We would likewise give the title impetiginous to this form of stomatitis. Bergeron has also described an impetigo of the mucous membrane of the lips.

It is important to be able to recognize this form of stomatitis in order to avoid sending

children affected with it to the diphtheria wards.

Buccal antisepsis joined with a tonic regimen brings about a rapid cure.

M. Netter: Fränkel, in 1888, thrice found the staphylococcus aureus in the false membranes of aphthous stomatitis following typhoid fever. The staphylococcus, consequently, like the streptococcus and the pneumococcus, may give rise to false membranes as well as the bacillus of Löffler. During the last fifteen days I have observed, in the false membrane of an angina, the staphylococcus associated with colonies of streptococci. Such a diphtheroidal angina might be easily mistaken for a benign diphtheria.

M. Comby: I have already called the attention of the Clinical Society to the various localizations of acute impetigo. I have seen it upon the conjunctiva, face, fingers, lips, and tongue, but never in the throat. The diagnosis has always appeared easy.

M. Chantemesse: The presence of false membranes upon one or several points of the mouth or throat is not always indicative of a primitive malady. When the tonsils are excised under strict antiseptic precautions, a false membrane of some thickness may make its appearance upon the following day upon the wound, and may remain for ten or twelve days. These false membranes form again when removed. In several cases of this kind I have found the streptococcus, staphylococcus, and also a bacillus, having all the characters of the bacillus of diphtheria, from which it differs only in being less virulent. So, the pseudo-diphtheritic bacilli found normally in the mouth do not acquire virulence apart from pseudo-membranous angina. The idea of the morbid spontaneity of diphtheria rests upon no demonstrative fact.

M. Rendu: A patient in my service had a purulent pleurisy due to the staphylococcus. The wound made on account of empyema became diphtheritic. This would be an example of false membrane caused by staphylococci.

M. Suedey: I have seen false membranes produced upon ulceration of the bridle of the tongue in whooping-cough.

M. Chantemesse: All these cases of stomatitis, or angina with false membranes, must be considered as secondary infections developing upon any excoriation whatsoever.

THERAPEUTIC NOTES.

CONCERNING IODOPHENIN.

At the meeting of the Pharmaceutical Society in Berlin, on May 14th, this year, L. Scholvien made a report* concerning a new iodine derivative of phenacetin, the so-called Iodophenin. The substance described, which was produced a long time ago in the Farbenfabriken, formerly Friedrich Bayer & Co., in Elberfeld, was examined by me in December last, concerning its physiological qualities and effects; the results of this examination were not such as to encourage one to its therapeutical application. As the substance in the meantime is being produced and also tested by others, I will allow myself to briefly enumerate my results.

The substance, obtained by another process by the Farbenfabriken, exhibits brownish-black crystals, which, finely pulverized, yield a chocolate-brown powder. The melting-point is 327° F. The substance is stable in the atmosphere, but immediately upon contact with water releases an enormous amount of iodine, so that a brown-colored solution results. On warming the watery solution, violet vapors of iodine escape. The substance is likewise soluble in alcohol, ether and chloroform, and is decomposed, for the chloroform solution shows a mixture of colors in which one can recognize the violet color of iodine without difficulty: the color is violet brown. With alkalies the disintegration of the substance is a still greater one. However, as long as sufficient alkali is present to form a combination, there exists naturally no free iodine, but the corresponding alkaline iodide. If one compares the physical properties of this substance with that described by Scholvien, their identity is beyond doubt. Besides, we have put the substance to comparison, according to the patent method of Riedel, and were able to state positively the perfect identity in the physiological properties.

As concerns the latter, the effects are equivalent to those of free iodine. In order to obtain a basis of computation as to how great the liberation of iodine is, 5 grammes of freshly pulverized iodophenacetin was left standing at the ordinary temperature with 25 centimetres of water, five minutes, a specified part filtered

* Reference in Pharmaceutische Zeitung, 40,91, and Apotheker Zeitung, 40,91.

and shaken with a solution of thiosulphate of sodium; a liberation of .0667 gramme of iodine was found, = 25.9 per cent. of the whole amount (the iodine contents of the substance being reckoned at 51 per cent.) A second trial gave .0598 gramme of iodine, = 23.4 per cent. of the whole amount; in this trial a part of the iodine was lost by evaporation, as the turning blue of the starch-paper held over the fluid proved.

It follows, from these experiments, that the effect of the substance must be principally that of an iodine solution. That it possesses surpassing antibacterial properties is not to be wondered at, considering the enormous liberation of iodine, even if the statement in the Apothecaries' Journal, "that iodophenin, in the dilution of 1 to 50,000, makes the staphylococcus aureus incapable of development within five minutes," appears to rest upon an error; corrosive sublimate itself is not capable of this.

Precisely in this free liberation of iodine is the disadvantage in the therapeutic use of iodophenin. If rubbed upon the skin, the latter is immediately colored brown; if left for a longer time, the same appearances of irritation exist as with solution of pure iodine. When used subcutaneously, the substance produces appearances of irritation; used internally, it gives the same results, in insufficient alkalinity of the digestive tract; iodine poisoning is therefore possible, even in small doses. According to my experiences, I cannot ascribe to the substance any other specific, favorable result, neither in the healing of wounds nor in internal use, than to pure iodine and its solutions.

When we wish, however, to obtain a pure iodine effect, we shall not use any complicated compounds, probably dearer, but take the cheaper iodine purum, in corresponding solution. Besides, we have then the dosage under our control, while, with a preparation which must release the iodine, and that in large amounts, we can never measure the amount of the liberation, as this depends too much on external conditions.—Dr. W. Siebel, from the *Deutsche Medicinal Zeitung*, June 4, 1891.

ARISTOL IN DISEASES OF THE EAR AND NOSE.

Aristol was so warmly recommended to me as an antiseptic and a cicatrisant that I felt impelled to institute extended trials of it in polyclinic and in practice, for patients suffering from diseases of the ear and nose.

Rohrer was the first to announce the results obtained by the use of aristol in ear diseases. He used it in acute and subacute middle-ear inflammations, by insufflation, after drying the cavity. There resulted a rapid decrease of secretion and tumefaction, and an early healing of the perforation.

Aristol was quite as serviceable in otitis externa and ozæna. Rohrer reports 20 cases in which the effect of aristol was better than that of the usual remedies, especially boric acid, iodoform, and iodol.

Pirii, in 182 cases of rhinitis ulcerosa, ozæna, and eczema of the nose, obtained very good results from the use of aristol in powder and aristol ointment. Massini obtained excellent results in fetid rhinitis by the use of aristolized tampons.

I have employed aristol as a powder and as an ointment, and have also used it intimately mixed with glycerin. In 8 of my cases the suppuration was promptly removed. In 14 cases the result was gained, but not so rapidly. In 10 cases there was some increase of secretion.

Aristol proved to be exceedingly valuable—as also stated by Szenes—in determining the formation of granulations in a tympanic cavity, or auditory canal. Of 22 cases (of whom a portion had been treated by lunar caustic with little benefit), 13 showed under aristol a very rapid improvement. Within a few days the proliferations had completely, or very considerably, dried up. In 6 cases there was a somewhat less marked improvement. In 3 cases of otitis diffusa externa, with suppuration, the condition yielded quickly to treatment by aristol.

I obtained very satisfactory results from the use of aristol in nasal diseases. I tested it in 26 cases, of which 3 were of nasal syphilis, 15 were of non-syphilitic ozæna, and 8 were cases of granulative formations.

The effect of aristol in a large majority of the above cases was really surprising. The aristol powder is much better borne than is the case with the sozoiodol salts, or the aceticotartrate of aluminium, for which I once had a preference. Headache occurred very rarely, and lachrymation was insignificant as compared with what we get from other remedies used in the form of powders.

After the first treatment by aristol the fœtor often disappears at once for twenty-four hours. On longer treatment the fœtor vanishes for

days at a time, and cure is finally obtained. The appearance of the mucous membrane quickly improves on the atrophic surfaces, as well as in their neighborhood, when the surrounding tissue is hypertrophied. I prefer aristol to acetico-tartrate of aluminium in these ca es, for the latter is very irritating.

Ulcerous conditions, of syphilitic origin, showed a remarkable tendency to heal after a very short use of aristol. This remedy is, in these cases, second to none of those usually employed.

As in ear cases, so also in nasal cases; the proliferations of granulation tissue were very rapidly improved by the use of aristol. In many of my cases the granulations were permanently removed by insufflations of aristol, or by tampons impregnated with that preparation. I noted that aristol excited a less considerable hypersecretion than other remedies, such, for instance, as iodoform, or the acetico-tartrate of aluminium.

For affections of the nose, aristol constitutes a noteworthy enrichment of our treasury of therapeutic agents; and I would also recommend its use in aural therapy, in which it should receive a very extended trial.—PROF. K. BURKNER, in *Berlin. klin. Woch.*, No. 26, 1891.

CHLORALAMID IN SURGERY.

In order to allay restlessness and induce sleep after operations, Dr. Emory Lanphear, of Kansas City, Mo., recommends chloralamid. He says:—

Its dose is from 15 to 60 grains. The proper method of exhibition is to give 15 to 30 grains (according to the condition of the subject), repeating the dose in an hour if the first have not produced sleep; usually from 10 to 30 grains give five to eight hours' refreshing slumber. The best method of giving it is to dissolve the required amount in about a teaspoonful of whisky or brandy, or in a small glass of wine if the patient prefer. It may also be given in anything containing alcohol in considerable quantities, as tincture cardamom compound, tincture of hyoscyamus, etc. If for any reason it cannot be given in this manner, it may be taken in powder form, and washed down with cold water or cold tea. The direction of W. Hale White, of London, is a good one, viz.: Tell the patient to dissolve the powder in brandy, add water to his liking, and drink it shortly before going to bed. This combination with spirits is particularly good in our surgical cases where whisky is usually indicated; at least, in most major operations. If in any case it be better to have the medicine in liquid form, this combination may be prescribed:—

℞ Chloralamid, ... ℥ij.
Spts. frumenti, ... f℥j.
Misce bene ut ft. solut. et adde:
Syrupum rubi idæi, . . . f℥j.

M. Sig.: Dose, one tablespoonful, to be repeated in one hour if sleep is not produced. This makes a decidedly pleasant mixture of slightly acid taste and fruity aroma and flavor.—*Notes on New Remedies.*

STAPHISAGRIA DELPHINIUM IN IRRITABLE BLADDER.

Report of the following case will illustrate my manner of using the staphisagria in cases of irritable bladder, with painful micturition. Sallie H., aged 20 years, had been suffering from this disability for several years, and had been unsuccessfully treated by physicians during the last four or five years.

I was called during the fall of 1885 to treat her for malarial fever, following which her old trouble came on severely. I prescribed:—

℞ Staphisagria delph., . . . f℥ij.
Glycerin., ... f℥ss.
Aqua pura, . . q.s. ad f℥iv.

M. Sig.: A teaspoonful four times a day.

Perfect rest in a recumbent position was enjoined. Flannel cloths wrung from hot water were applied over region of bladder and changed frequently. After two or three days she was permitted to be up, and soon after allowed to do light work.

The staphisagria was continued in gradually lessening doses for several weeks. The warm applications were discontinued, and instead a folded towel wrung from water of a moderate temperature applied only at night for a short time.

For a year and a half there was no return of the difficulty, after which I lost sight of her.

I have treated a large number of cases in substantially the same manner, with entire success. I believe staphisagria to be a specific in these cases.—W. B. SQUIRE, M.D., Worthington, Ind., in *The Prescription*

EXALGIN IN CHOREA.

Having observed good results from the administration of antipyrin in chorea, Dr. Moncorvo tried exalgin in the same disease.

He gave 0.2 gramme (3 grains) of exalgin a day to a child, aged 8, who suffered from chorea of nine days' standing. After five days' treatment decided improvement was manifested, but the child received a scare which produced aggravation of all the symptoms.

The author now ordered 0.3 gramme of exalgin a day, and in about fifteen days the patient was completely cured.—*Central. f. g. Therap; Weekly Med. Rev.*

TREATMENT OF GONORRHŒAL RHEUMATISM.

In a discussion on the treatment of gonorrhœal rheumatism, at a meeting of the Paris Société de Dermatologie et Syphiligraphie on May 14th (Semaine Médical, May 16, 1891), M. Jullien said that, having regard to the infectious origin of the disease, he had for the last five years systematically treated it with subcutaneous injections of bichloride of mercury with extremely satisfactory results. M. E. Besnier pointed out that joint inflammations of gonorrhœal origin often spontaneously undergo rapid modifications, which make it very difficult to judge of the effect of particular remedies. In his experience, local treatment is the most important therapeutic factor in such cases, and he placed most reliance on the method recommended by M. Lucas Championnière, which consists in touching the parts in a number of places with the point of the cautery, and then wrapping the joint in Vigo's mercurial plaster, with cotton-wool dressing afterward. M. du Castel said he had tried mercurial friction in one case without result, while in another, in which, however, the inflammation was less severe, it had done a great deal of good.—*Med. Age.*

Dr. G. K. Smith reports several cases of herpes zoster where the application of wet cups near the origin of the affected nerve and the drawing of about two ounces of blood was followed by prompt relief of the pain and a fading of the bright-scarlet color of the eruption "all along the line." A little attention to the bowels was all the further treatment needed.—*Cleveland Med. Gazette.*

THE THERAPEUTICS OF KAVA-KAVA.

In continuation of his study of kava-kava, already noticed (see University Medical Magazine, March, 1891), Cerna (Medical and Surgical Reporter, May 2, 1891) has published a report of 41 cases treated by this agent. Most of these illustrate the favorable action of the drug upon the mucous membrane of the genito-urinary tract; 33 cases, embracing acute and chronic cystitis, gonorrhœa, gleet, vaginitis, retention and incontinence of urine and dropsy, are reported cured, while the remaining 8 were markedly relieved.—*Univ. Med. Mag.*

ACUTE GONORRHŒA TREATED BY INJECTIONS OF BICARBONATE OF SODA.

Gonorrhœal pus is acid, and acidity and virulence are correlatives.

On the above logic Dr. Castellan has founded his treatment of acute gonorrhœa by alkaline injections.

He finds that bicarbonate of soda injections rapidly cause the discharge to diminish, and also ameliorate greatly the pains of micturition.

He reports quite a number of cases speedily cured by this new treatment, the average time required for a cure being twenty days.

The strength of the soda injection employed was 1 per cent.—*Arch. Med. Nav.; Rev. Int. de Bib. Med.; Weekly Med. Rev.*

LARYNGITIS IN VOCALISTS.

R. B. Faulkner (N. Y. Med. Jour., April 11, 1891) says: "The following method is advocated to enable a vocalist to use the voice temporarily when suffering from a subacute laryngitis: A laxative first given; the larynx then sprayed with cocaine (1 per cent.), and aconite and aromatic spirits of ammonia administered internally. Also, this lozenge used several times daily:—

℞ Morphiæ,	. . .	gr. $\frac{1}{100}$.
Cocaine hydrochl.,	. .	gr. $\frac{1}{4}$.
Tinct. aconit.,	. . .	♏ $\frac{1}{6}$.
Rad. althæ rad.,	. . .	gr. ½.

M. Sig.: Take 1 troche.

"If the more acute symptoms subside under this treatment, strychnine is then given, and the effect in restoring the voice, it is claimed, is brilliant and prompt.

"The morning upon which the voice is to be used in public, strychnine ($\frac{1}{60}$ grain) is given after breakfast, repeated after midday meal; in afternoon and before departing for concert, $\frac{1}{20}$ to $\frac{1}{30}$ is given. These are directions for an adult man. Strychnine salts enter the blood rapidly. The laxative depletes laryngeal vessels, the spray quiets the irritation, and the lozenge allows for the affected parts, as far as possible, physiological rest."—*Brooklyn Med. Journal.*

PYOKTANIN STAINS.

Pyoktanin stains are readily movable by lathering with common soap, rubbing in well, and then washing off with alcohol or with any strong alcoholic liquor.—*Pharm. Era.*

DIABETES.

Dr. Emory Lamphear writes: "In quite a number of cases of diabetes treated by the editor of the Index (of which faithful record has been kept for several years), complete cure has seemingly been established in every instance save one—a gentleman from Louisiana, who was apparently in the last stages, but has survived nearly three years. The treatment adopted was:—

℞ Codeinæ sulphat., . . ℥j.
Ext. syzygii jambolani, . ℥ij.

M. Sig.: Begin with 15 drops after each meal, and increase 5 drops every second day until a half-teaspoonful is reached.

"In some cases arsenic, either alone or with bitters, was also administered thrice daily. With only one patient was restriction of diet attempted, and this was soon abandoned; all others ate as if glycosuria did not exist. Full case histories will be given at some future time, when there can be no doubt as to non-return."

ON THE TREATMENT OF SEBACEOUS TUMORS.

Many people, the subjects of congenital sebaceous tumors and "wens," object to having them removed, on the score that the remedy is worse than the disease, and the after-consequences may be serious.

The following is the method I have adopted in such cases, and with marked success. With a cataract knife (Graefe's) puncture the cyst and gently squeeze out the contents; then introduce a very small piece of nitrate of silver. On the following day, by means of a pair of forceps, the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there ever been any return of the growth or any ill effects.

The method, if tried, will be found to have many advantages, apart from its simplicity and thoroughness.—T. MURRAY ROBERTSON, M.D., in *Brit. Med. Journ.; Columbus Med. Journal.*

INDIGO AS AN EMMENAGOGUE.

The first case was that of a young lady, 20 years of age, who had not menstruated for five months. The author had been treating her for three months with the usual remedies without any effect; so he ordered indigo ℥ij, subnitrate of bismuth ℥ss, well mixed. Of this the patient took one-half teaspoonful in one-third of a glass of water three times daily for nearly four weeks, when one day he was sent for in great haste. On his arrival he found the patient in bed and comfortable. He was then told by the mother that her daughter, while walking in the garden, without pain or warning of any kind, began to flow. The gush was followed by a gentle flow, which lasted only for a short time. In five days she was well, and has not suffered from amenorrhœa since. Dr. Jones has since used indigo in 13 cases with but one failure, and this case proved to be pregnant.

During the administration of the drug the os uteri becomes soft and patulous, admitting the end of the index finger. There is often a serous discharge from the vagina. The urine becomes brownish green in color, and its odor is offensive. The stools are watery and offensive.—J. L. JONES, M.D., in *Journ. Am. Med. Assoc.; Columbus Med. Journal.*

NEXT in importance among new remedial introductions is piperazine, the new uric-acid solvent, described serially and in full detail in the last few issues of this journal. The price of piperazine, owing to perfected methods for easy production, has now been materially reduced, and there remain no objections to its immediate adoption as a perfect substitute for the lithia salts. Reports of trials are multiplying, and all investigations are unanimously exhibiting the most satisfactory results, particulary in gout and in renal troubles. The hydrochlorate salt of piperazine is preferred by most practitioners, and it is further suggested that the remedy is most advantageously administered in combination with aerated water. About 15 grains should be added to a bottle of water, and the dosage gauged accordingly.—*Notes on New Remedies.*

EPERUA JEUMANI, OLIV.

Eperua jeumani, oliv., is used by the natives of British Guiana for the cure of toothache, and the tree is known as the "ituriwallaba." It belongs to the natural order *Leguminosæ*, and to the tribe *Eucæsalpinieæ.—The Pharmaceutical Journal and Trans.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Sept., 1891.

THE REPORT OF CASES.

As the grand aim of medicine is to alleviate distress, the careful description of unusual manifestations of disease must ever be one of the important features of current professional literature. The value of reported cases, however, largely depends upon the care with which they have been studied, and especially upon the accuracy of the diagnosis. A rambling and disconnected relation of symptoms is of comparatively slight import. In our histories, as in our examinations, there should be an orderly method of procedure, a comparison of the results of physical examination with the evidences of disturbed function of the various viscera and systems. Close inspection and, if possible, chemical and microscopical examination of secretions and products of disease contribute to the complete history of the case. Exact study of morbid products is not always possible to the country practitioner, much of whose time is necessarily consumed in long journeys. These lonely rides, however, are not without their advantage, since they allow opportunity for the physician to meditate upon his cases and to arrive at well-weighed conclusions The thoughtful country doctor thus acquires a real familiarity with clinical manifestations,—a knowledge dependent upon observation of nature, rather than the study of books, that is, the record of other men's observations. Yet much of this knowledge is lost to the world, because, from lack of leisure and lack of habit, rural practitioners are indisposed to use the pen. No more forcible illustration of this statement could be found than in the fact that Ephraim McDowell's account of his first laparotomy was so brief and imperfect that it attracted but little attention. Many rare cases occur in country districts which never find their way into literature. They are known to comparatively few, and, in time, are forgotten. These cases are of interest and importance in themselves, and are, moreover, of value in the compilation of vital statistics. It is highly desirable that they should be reported. Concise notes made after each visit should be expanded as leisure allows. The labor assuredly need not be very great, as it is not necessary to recapitulate the usual symptoms, but to call attention particularly to the rarer manifestations of disease. The general history of a typhoid-fever case may be passed over, for instance, and a paper be confined to the description of an unusual complication or sequela.

Among those who practice in cities the reverse is apt to be true, and cases which present little or nothing out of the common swell disproportionately, perhaps, the bulk of periodical literature. However this may be, and wherever an exceptional case originates, nothing contributes so greatly to its thorough study and faithful report as the habit of taking notes. This is a custom which should be formed by every young physician. It conduces to exact and exhaustive observation; it materially assists in framing a diagnosis, and the notes are always useful for purposes of reference. Some of the busiest men in the profession have maintained this habit during their lives, and have accumulated an immense mass of recorded experience. It is within the power of most men to write down in the evening concise histories of the cases which they have seen during the day. Details as regards dates, pulse, temperature, respiration, etc., can be speedily noted down at the bedside. Moreover, note-taking strengthens the memory.

But, whatever an individual's method, it goes without saying that his descriptions should be exact. Superficial and careless observation leads to faulty diagnosis, which, in its turn, is followed by injudicious treatment. This combination makes a vacillating physician, who lacks confidence in himself, and who fails to inspire confidence in the minds of his patients. A timid physician is anything but a blessing to his patient. Incertitude marks all his words and acts; his directions are neglected or disobeyed. In a city such a man may retain his patient by the aid of a consultant, though,

as a rule, he will find himself superseded in favor of a more positive practitioner. Country communities are necessarily more dependent upon their resident physician. As a rule, the demands of country practice cultivate self-reliance, though, in some men, the absence of professional competition or opportunity for free interchange of ideas begets an idle habit of thought. This is the class whom medical editors know to their cost,—men who write letters containing an imperfect account of symptoms, and requesting the favor of a diagnosis, together with an outline of appropriate treatment. This is to impose, with insufficient data, a serious task upon him consulted. A few such letters in the course of a year might be answered without much labor, but in the aggregate they amount to a considerable number; the replies consume valuable time, and are often of doubtful advantage, by reason of deficient information upon which to base a rational diagnosis. Obviously, the difficulty of forming a correct judgment is greatly increased when one has not seen or examined the patient. The first letter of inquiry may suggest other queries, and so the basis of a protracted correspondence is laid. Cases of this kind should be considered strictly in the light of consultations, and the correspondence conducted with the knowledge, and at the expense, of the patient. Nevertheless, some correspondents are so neglectful of minor courtesy as not even to inclose a stamp for the letter of reply.

THE MORPHINE HABIT.

THE increasing strain upon the nervous system which the imperious demands of modern life impose have led to new habits of addiction. The neurotic constitution which formerly depended upon alcohol has discovered a new source, or, rather, sources, of temporary stimulation and gratification. In the beginning of their downward careers, the unfortunate victims of opium, chloral, and cocaine are not exposed to the stigma of immorality or intemperance. Drug-tippling can be carried on more secretly for a certain space of time. The habit, however, soon becomes fixed, and only physicians know how many wasted lives have paid the penalty of dangerous self-indulgence. Nor is the unfortunate victim the sole sufferer. Husband, wife, parent or child are inevitably involved in the trouble; family bonds are ruptured, and the happiness of the nearest and dearest is ruined. The curse of these drug addictions is greater, though less wide-spread, than that of the alcohol habit. Pursued unsocially and in secret, the strength of the habit increases more rapidly, and the bond of slavery is more firmly riveted and more difficult to break.

It is needless to descant upon the physical, mental, moral and social ruin which indulgence in narcotic drugs occasions. Medical men cannot be too cautious and conscientious in the prescription of these substances, and alcohol as well. A serious responsibility rests upon us in this matter. The responsibility is generally recognized and acknowledged, but none should lose sight of the danger attending the use of such double-edged tools. We are often obliged to rely upon narcotics, but should certainly dispense with them as soon as possible. Unfortunately, though the profession knows this truth, our patients constantly clamor for a remedy which shall blunt the sense of pain or produce sleep, and usually manage to obtain it, with or without our consent.

The condition of a confirmed habituate is truly pitiable. At home, under the care of a family physician, and nursed by his own relatives, it is almost an impossibility for the sufferer to be weaned from his destructive habit. All should, therefore, be interested in the work of Dr. J. B. Mattison, of Brooklyn, who has had an experience of nineteen years in the treatment of habituates, and whose fame is established throughout this and foreign countries. Dr. Mattison has erected, in a suburb of Brooklyn, a commodious and elegant building for the reception and treatment of those addicted to the use of opium, chloral, or cocaine. The building is fitted up with every modern convenience of health and luxury. This movement needs only to be generally known in order to be supported. As regards rates our readers can communicate with Dr. Mattison, at 185 Brooklyn Avenue, Brooklyn. We will only add that one-fourth of the Home is free to any worthy applicant too poor to pay, whose poverty can be vouched

for by two reputable medical men. Subscriptions are invited to an endowment fund of $60,000 which it is designed to secure. The project can certainly be recommended to the notice of the philanthropist.

MEDICAL NEWS AND MISCELLANY.

DR. E. L. VANSANT has removed to 1929 Chestnut Street, Philadelphia.

DR. SILVA JARDIN, of Rio de Janeiro, met with a terrible death, by falling into the crater of Vesuvius.

THE oldest surgeon in the world is said to be W. W. Salmon, of Cambridge, England. He was born March, 1790.

THE death is announced of M. Bonafond, an eminent French otologist and author of a well-known treatise on diseases of the ear.

DR. H. H. MIDDELKAMP, of Warrenton, Mo., has received the honorary degree of Master of Arts, from Central Wesleyan College.

DR. JOHN H. RAUCH has resigned the position which he so long and so honorably held, of Secretary of the Illinois State Board of Health.

DR. G. FRANK LYDSTON has been elected to the chair of Genito-urinary and Venereal Diseases in the Chicago College of Physicians and Surgeons.

PROFESSOR MAX GRUBER will represent the Imperial Royal Society of Physicians of Vienna at the forthcoming International Congress of Hygiene and Demography.

Physician (inspecting insensible citizen)—"This man has been drugged."

Officer—"Faith, an' ye'er roight. I drug him myself from Casey's saloon."—*Life.*

DR. W. S. CHRISTOPHER has resigned the chair of Theory and Practice of Medicine in the University of Michigan to take the chair of Diseases of Children in the Chicago Polyclinic.

HONORS.—The degree of LL.D. has been conferred by Wabash College upon Dr. Joseph Eastman, of Indianapolis. The same degree has also been conferred by the University of South Carolina upon Dr. F. Peyre Porcher, of Charleston.

THE University of Iowa has made an excellent choice for a dean for its medical department: Dr. Ludwig Hektoen, one of the ablest Chicago pathologists, a trained alienist, and, as his service as coroner's physician demonstrated, a skilled forensic expert.

AN OPHTHALMIC HOSPITAL IN CINCINNATI.—Dr. Robert Sattler has given a valuable property for the establishment of this institution. A staff and dispensary service have been organized, and arrangements made for giving special instruction to students.—*Journ. Amer. Med. Assoc.*

THE fifth meeting of the American Association of Andrology and Syphilology will take place at the Shoreham Hotel, Washington, D.C., on September 22d, 23d, 24th, and 25th, 1891, in connection with the Congress of American Physicians and Surgeons.

Daily sessions will be held from 9 A.M. to 1 P.M.

DR. H. M. WHELPLEY, professor of microscopy in the St. Louis College of Pharmacy, and for the past five years a lecturer in the Missouri Medical College, has been elected Professor of Physiology and Histology and Director of the Histological Laboratory of the latter institution. The Doctor has also accepted the position as secretary of the faculty.

AN HONEST ADVERTISEMENT.—In San José, Cal., an advertisement recently inserted in a local paper read as follows: "Japanese young man wants a situation in a drug-store, and high wages; will stay three years." He undoubtedly told the truth about what he expected as compensation, but it is not usually so plain spoken by the most of applicants.—*Pharm. Record.*

AN EYE TO BUSINESS.—A certain doctor, who was noted for a keen eye to business, was driving along the street of a country town, when his horse took fright and ran away. He was thrown violently out of his trap and rendered senseless. Presently he recovered a little from his unconsciousness, and, noticing the crowd which had gathered about him, asked: "What's the matter, gentlemen? Anybody hurt? I am Dr. B. Can I be of any service?"—*Ex.*

NEW YORK has a patient whose patronage appears to be fatal to the life of her medical adviser. Dr. Johnson died two days after this woman came to him for treatment. Six months later she re-appeared at Dr. Pond's clinic, and two days later Dr. Pond died. The next time she appeared Dr. Phillips took charge of her, and was found dead in his bed the next morning. Dr. Phillips was a young man, and supposed to be in perfect health.—*Times and Register.*

A YOUNG practitioner, after some four or five years' practice, took to himself a wife, and, being desirous of combining business with pleasure, he decided to spend the honeymoon in Chicago, and while there take in the Polyclinic on abdominal and pelvic surgery, and on his return quite innocently remarked that he had had more experience with abdomen and pelvis during those two weeks than he had had for five years previously!—*Ex.; Toledo Med. and Surg. Rep.*

"WHAT is the dif 'twixt Wah Lung and a Med?" boldly inquired Miss Miffens.

"Why, Wah Lung, he stiffens the collars," Jim said, "and the Med, he collars the stiff uns." —*Pharmaceutical Era.*

HYDRASTIS IN PHTHISIS.—Palmer has for three years tested the efficacy of hydrastis in the different stages of phthisis, and he finds it to be remarkable when employed with perseverance. During the first month of treatment, the sweats disappear, the cough improves, the appetite returns, and the patient's strength increases.— *L'Union Med.; Weekly Med. Review.*

ON June 9th, the fiftieth anniversary of his having taken the degree of Doctor of Philosophy at the University of Zürich, Professor von Kölliker had a new doctor's degree conferred on him by that seat of learning, and was presented with a Festschrift in honor of the occasion. The eminent anatomist celebrates his "jubilee" as a Doctor of Medicine in 1892.

THE Association of German Alienists will meet at Weimar on September 18th and 19th. Among the questions to be discussed are the following: "Prophylaxis of Tuberculosis in Lunatic Asylums," "Responsibility and Criminality," "Drunkenness in Relation to Responsibility," "The Present Condition of the Aphasia Question," "Care of Epileptics," "Employment of Hypnosis in Lunatic Asylums."

THE British Medical Journal says: "Dr. Chas. Sheppard had been for a few years practicing as an anæsthetist. On June 30th he administered chloroform to a lady who was about to undergo an operation. The patient died before the operation was begun. This sad event produced a profound effect on the sensitive nature of Dr. Sheppard, who died during the course of the same night.

INSTRUCTIONS IN MASSAGE.—A course of lessons in Massage and the simpler Swedish movements will begin at the Movement Cure Hall of Dr. Benjamin Lee, 1532 Pine Street, Philadelphia. The course will extend over a period of two months, attendance daily (except Sundays), from 2.30 to 3.30 P.M. Classes will be limited to six. The practical instruction will be given by a graduate of the Medico-Gymnastic Institute at Lund, Sweden. Fee for the course, $100.

SALOL AS A COATING MATERIAL FOR PILLS. —As is well known, salol passes through the stomach in a perfectly unaltered state, undergoing decomposition (into salicylic and carbolic acids) only on coming in contact with the pancreatic juice in the duodenum. Pointing to the fact, Ceppi suggests to the pharmaceutists the use of the substance as a coating material for pills containing such medicaments as are destined to act in the intestinal tract (*e.g.*, pancreatin, nitrate of silver, various anthelmintics, etc.). The pharmaceutical *modus faciendi* is thought to be pretty simple and easy, since salol is freely soluble in ether.— *Times and Register.*

THE American Association of Obstetricians and Gynæcologists will hold its fourth annual meeting at the New York Academy of Medicine, 17 West Forty-third Street, in the city of New York, Thursday, Friday, and Saturday, September 17, 18, and 19, 1891, under the presidency of Dr. Adam H. Wright, of Toronto. All physicians interested in the discussion of subjects pertaining to abdominal surgery, obstetrics, and gynæcology are invited to attend without further formal notice. By order of the Executive Council, William Warren Potter, M.D., Secretary.

AFTER an address to a public meeting concerning the brutalities at our county insane asylum, a lady said: "Doctor, you occasionally mentioned paretic dementia; I never heard of the disease before; what is it?" To save a lengthy discourse, I replied that it was what had often been called "softening of the brain." "Oh!" she ejaculated, and sat down, convinced that she now understood it, and a little disgusted at the tendency doctors have to use unheard-of names. I was once reproved by a country dame for speaking ot perspiration when I meant sweat. "You doctors use such long names," she said.— DR. S. V. CLEVENGER, in *Times and Register.*

A CORRESPONDENT of the Medical Age says: "I have endeavored to keep track of 100 of my medical friends after graduation, especially of what they did during the first five years, and find nearly 75 per cent. had to resort to other employment to make a living. Twenty-three received a salary either in addition to practice or separate therefrom; 15 were proprietors of drug-stores; 3 were insurance agents; 4 loaned money; 1 sold real estate; 3 were connected with medical journals; 1 was an agent for drugs; 1 for books; 1 preached; 1 was in the patent medicine business; 2 were farmers; 1 a manufacturer; 2 gave massage treatment; 1 sawed wood, and subsequently suicided; 12 gave up in disgust, and 1 never tried practice at all. Twenty-nine graduates only in 100 exclusively devoted themselves to medicine, and of these 11 associated themselves with other practitioners, and in many cases fell heir to their practice."—*Pharm. Record.*

LET THE BELIEF EXTEND.—There is a belief existing among a goodly number of our colored citizens, and some few of the white ones also, that medicine bought on credit will not have a good effect. They will contract a bill for anything in the drug-store except for a prescription, or medicine of any kind; these they invariably

insist on paying cash for. "No suh, I pays cash for dem pills, or dey doan do de old ooman ary miter good," said a colored brother to the druggist where he had his account,—*Indiana Pharm.; Toledo Med. add Surg. Journ.*

A NOTICE has been issued by the authorities of the University of Cambridge, that on and after the 1st of October, 1892, two additional certificates will be required of all candidates for the second part of the third M.B. examination. The first of these is a certificate of having during three months studied practical pharmacy and dispensing at a recognized school of medicine or hospital, or with a registered medical practitioner or a duly qualified pharmaceutical chemist. The second relates to experience in a fever ward.—*Pharm. Journ. and Trans.*

A GOOD ONE FOR THE BELLY-RIPPERS.—One of our practical country practitioners from one of the upper counties in this State was recently on a visit to New York, and, among the other wonders of Gotham, took in the Polyclinic. It was one of Wylie's field-days, who, at the conclusion of a brilliant clinic, asked Dr. F. "what he thought of medical writers in the metropolis." Dr. F. replied: "Well, I would rather be a moonshiner down in Tennessee than a uterus up here in the hands of you New York doctors."—*Southern Prac.*

THE Third Annual Meeting of the Tri-State Medical Association will convene in Turner Hall, Chattanooga, Tenn., Tuesday, October 27, 1891, and continue in session three days. Indications are that it will be one of the largest medical meetings ever held in the South. Representative physicians from all sections will be present.

All who desire to read papers should send title to the Secretary of the Association before September 1st. In due time a circular will be issued giving a complete list of all papers and names of exhibitors who apply for space before October 1st.

MILITARY ORDER OF SURGEONS OF NEW JERSEY.—At the regular meeting of the Military Order of Surgeons of New Jersey, held at Sea Girt, N. J., June 15th, the following officers were elected: President, Lieut.-Col. A. K. Baldwin, Surgeon First Brigade; First Vice-President, Lieut.-Col. Franklin Gannett, Surgeon Second Brigade; Second Vice-President, Col. George W. Ferriberry, Division Surgeon; Secretary, Maj. E. L. B. Godfrey, Sixth Regiment; Treasurer, H. C. H. Herold, Fifth Regiment. The following were elected honorary members of the Order: Surgeon-General Joseph D. Bryan, New York; Surgeon-General Nicholas Senn, Wisconsin; Major Alfred A. Woodhull, Surgeon, U.S.A.; Major John H. Janeway, Surgeon, U. S. A.

THE State Dental Societies of Pennsylvania and New Jersey convened in this city, July 14th. The following officers of the Pennsylvania Society were elected: President, Lewis Jack, Philadelphia; First Vice-President, C. S. Beck, Wilkesbarre; Second Vice-President, Frank Bassett, Philadelphia; Recording Secretary, C. V. Kratzer, Reading; Assistant Secretary, John C. Hertz, Easton; Corresponding Secretary, H. Newton Young, Wilkesbarre; Treasurer, G. W. Klump, Williamsport. State Board of Examiners: W. E. Magill, Erie; G. W. Clump, Wilkesbarre; J. C. Green, West Chester; C. S. Beck, Wilkesbarre, and J. A. Libby, Pittsburgh.

THYMUS VULGARIS IN WHOOPING-COUGH.—Dr. A. Neovius reports, in the Finska Läkaresällapets Handlingar for March, 1891, very successful results obtained during an epidemic of pertussis by the exhibition of a syrup of garden thyme. He made a decoction of 1 part, by weight, of sweet thyme in 7 parts of water, to which was added 5 parts of syrup of althæa. Of this mixture, from a teaspoonful to a tablespoonful was given eight to ten times a day. The only unpleasant symptom caused by the drug was a slight diarrhœa in most cases. The relief afforded was prompt, the cough soon losing its spasmodic character and assuming the form of a mild catarrhal bronchitis.—*Medical Record; Brit. Med. Journal.*

THE Mississippi Valley Medical Association will hold its seventeenth annual session at the Pickwick Theatre, Washington and Jefferson Avenues, St. Louis, October 14, 15, and 16. A full programme of interesting papers has been prepared and provision has been made for the fullest, freest, and most complete discussion of the same. Representative men from various sections of the country have been invited to open the discussions. The local profession of St. Louis is a unit to the end that every visiting physician shall be received and welcomed in a regular warm-hearted St. Louis style.

The same qualifications for membership are requisite in this Association as for the American Medical Association, the former being subordinate to the latter. If eligible, you and your friends, together with your wives and families, are most cordially invited to come to St. Louis, and enter into the scientific work and the social pleasures as you may desire.—I. N. LOVE, M.D., Chairman Committee Arrangements.

THE fifth annual meeting of the American Orthopedic Association will be held in the new reception room of the Arlington Hotel, Washington, D. C., September 22, 23, 24, and 25, 1891.

The office of registration of the Congress of American Physicians and Surgeons will be at the Arlington.

The Association will be called to order daily at 9 A.M. Recess from 12 to 12.30 P.M. Adjournment at 2 P.M., or in time for the meeting of the Congress, at 3 P.M.

Exhibition of apparatus at the close of each day.

A JOKE OF PROFESSOR BRIEGER.—A distinguished foreign physician, paying a visit to the Institute, found the Professor busily at work in the laboratory, surrounded by the most formidable array of chemical and bacteriological utensils. The professor's sole attention and care, however, appeared concentrated on one particular vessel, which was enveloped by smoke and steam. "Guess what I am boiling here," said the Professor to the visitor. The latter began to enumerate the entire scale of microorganisms, from the cocci to the spirochetæ. "No, sir," quoth Brieger; "these are hot sausages."—Berlin letter in *Therapeutic Gazette.*

NAPOLEON AS AN EPILEPTIC.—[Talleyrand, in the "Memoirs" now appearing in The Century, gives an account of Napoleon's having something like an epileptic fit, and of the indomitable energy with which he immediately afterward resumed the march.]

I received instructions to accompany him to Strasburg, so as to be ready to follow his headquarters according to circumstances (September, 1805). An attack which the Emperor suffered at the beginning of this campaign alarmed me peculiarly.

The very day of his departure from Strasburg I had been dining with him; on rising from the table he went alone to the Empress Josephine's apartments, and after a few moments came out again in an abrupt manner. I was in the drawing-room; he took me by the arm and brought me to his room. M. de Rémusat, his first chamberlain, who had certain instructions to get, and was afraid Napoleon might go without giving them to him, entered at the same time. We were barely in when the emperor fell to the floor. He scarce had time to tell me to close the door. I tore open his neckerchief, as he seemed to be suffocating; he did not vomit; he groaned and foamed at the mouth. M. de Rémusat gave him some water; I inundated him with eau-de-Cologne. He had something in the nature of convulsion, which ceased in about a quarter of an hour, We seated him in an armchair; he began to speak again, dressed himself, urged upon us to say nothing of this occurrence, and half an hour later he was on the road to Carlsruhe. On reaching Stuttgart he let me know how he was; his letter ended with the words: "I am well. The duke (of Würtemberg) came to meet me as far as outside the first gate of his palace; he is a clever man." Another letter of his from Stuttgart, and dated the same day, said: "I have heard of Mack's doings; he is getting on as if I led him by the hand myself. He will be trapped in Ulm like a clod-hopper."

SULPHONAL IN THE NIGHT-SWEATS OF PHTHISIS.—Dr. Erede, of Genoa, calls attention (Riforma Medica, May 22, 1891) to what he calls "the marked antidiaphoretic action of sulphonal." He says that if given in the early hours of the evening it almost invariably succeeds in suppressing or greatly diminishing the night-sweats of phthisis. A dose of ½ gramme, given in the form of pastille, or suspended in some gummy vehicle, generally suffices. The largest amount given was 1 gramme; this failed of its effect only in a very few cases in which the disease was extremely advanced. As no untoward effects were ever noticed, even in very debilitated patients, Erede thinks that with proper precautions the drug might be pushed up to 2 grammes, the usual hypnotic dose. In many cases he observed that in discontinuing the sulphonal after a time the sweating did not begin again at once, but only after some days, when it was immediately checked by repeating the medicine. This shows that the organism does not readily adapt itself to the prolonged use of the drug, as it does, for instance, to certain narcotics, Erede is inclined to think that the effect of sulphonal in checking diaphoresis is to be explained by its action on the nervous system.—*Brit. Med. Journal.*

A RATHER interesting paragraph appeared not long ago, on the use of salol as a simple and effective remedy for a very troublesome affection of the eyes. Hitherto, corneal ulcers have been treated by puncture; this operation having frequently to be repeated, and too often leaving behind opacities, if not actual staphyloma. Now, for this unsatisfactory method, Dr. Valude, a French practitioner, who is at present one of the ophthalmic surgeons to an eye hospital in Paris, substitutes a simple dressing, consisting of a pad of salol gauze, which, with a moistened gauze bandage, effectually heals the eye and maintains a certain amount of pressure. Before being applied, the eye is carefully disinfected. The salol dressing is not to be renewed until three or four days have elapsed, when the ulcer is found to be already healing, and the collection of pus in the anterior chambers much diminished. Dr. Valude states that the cornea thus healed tends to regain its original transparency without the production of any opacities. When the corneal ulcers are uncomplicated by hypopion, the author of this method, relying on his experience in 15 successful cases, asserts that this new salol treatment is decidedly the best with which he is yet acquainted.—London letter in *Amer. Lancet.*

THE KENTUCKY SCHOOL OF MEDICINE.—This institution graduated a class of one hundred and

fifty-five at its commencement exercises, June 18th. It matriculated this year the largest class ever formed south of Mason and Dixon's line since the war, probably the largest ever known in the South. An eloquent address was delivered to the graduating class by Dr. W. H. Wathen.

THE commencement exercises of the medical and dental departments of the Hospital College, Central University, were held at Louisville, June 17th. The address of the evening was delivered by Dr. David Grant Murrell, of Paducah. Dr. Reynolds, president of the two faculties announced that hereafter a preliminary examination should be required of medical matriculates, and that the course should be lengthened to three years.

"SCARIFICATION" IN DROPSY.—It often occurs in the course of practice that a case of dropsy presents itself in which, although the constitutional symptoms are greatly alleviated by appropriate medication and diet, the physical inconvenience resulting from the accumulation of a large quantity of fluid in the abdomen and other parts of the body is not proportionately relieved. In these cases the operation of paracentesis abdominis is the one that is usually resorted to.

Besides requiring a special apparatus in the shape of an aspirator (which, by the way, is very likely to be out of order when most wanted), or at the least a trocar and cannula, the operation of tapping is not without its risks. On the other hand, the simple, and to my mind the most effectual, method of dealing with such cases is by linear scarification, which is done thus: the abdomen having been first washed over with clean warm water and soap, and then sponged over with a weak solution of hydrarg. perchlor. (1 in 3000), a number of perpendicular incisions just deep enough to draw blood are made with a perfectly clean scalpel, the end of which should be sterilized by dry heat immediately before use. These incisions should be made rapidly with a light and firm touch, and should not be less than a quarter of an inch apart, or more than half an inch long, and should be only deep enough to go through the cellular tissue. The number of incisions must vary according to circumstances and to the operator's judgment, but six to a dozen on either side of the abdomen would be ample. Incisions are immediately followed by a drop of thick, dark blood at each point where the scalpel has made an opening, and in a very short time the internal pressure forces a continuous stream of drops of fluid from each wound. By the application of warm cloths dipped in a hot solution of perchloride of mercury (1 in 3000) the flow is encouraged, and in this way painlessly, gradually, and steadily, large quantities of fluid may be drained away from the abdomen. The same line of treatment may be employed with great advantage in the case of patients with dropsically water-logged legs.

Particular stress is laid upon the necessity of using antiseptic precautions, and in no case are they more required than in these dropsical patients. Inflammation of an erysipelatous nature is readily induced by the smallest breach of skin surface, and the inflammation in these cases is quickly followed by sloughing of the cellular tissue.—H. W. MCCAULLY HAYES, M.R.C.P.E., in *Brit. Med. Journal.*

COMPARISONS.—"Mamma," said Phil, walking gravely out of the study evidently bearing a heavy mental load, "when you smile at me like that your expression is as sweet as—as saccharine."

"Thank you, dear!" replied his mother, with double appreciation, "do you think you could move this secretary for me to dust behind it?'

"I can't do it," replied he, after an unsuccessful attempt, "'tis as heavy as iridium."

"Then hand me the duster."

"Oh, yes. It's as light as lithium. Now, may I go and play ball with cousin Will till dinner time!"

"Not to day. I may need you."

"Just a few minutes?"

"No."

"Mother," said Phil, "your heart is as hard as rhodium." And he went back to the library to hunt up some more respect-inducing words.—*Pharmaceutical Era.*

SANITARY CONVENTION.—The Fifth Sanitary Convention of Pennsylvania was held at Altoona on Friday and Saturday, May 15 and 16, 1891, under the auspices of the State Board of Health, acting in conjunction with the Board of Health of Altoona.

The officers were as follow: President, Hon. John Dean, Judge Court of Common Pleas, Blair County; Vice-Presidents: First Vice-President, Theo. N. Ely, General Superintendent Motive Power, P. R. R. Company; Second Vice-President, Dr. M. L. Davis, President Lancaster County Medical Society; Honorary Vice-Presidents: Local—Mr. F. L. Sheppard, General Supt. P. R. R. Company; Mr. J. M. Wallis, Supt. Motive Power, P. R. R. Company; Mr. W. N. Bannard, Supt. Altoona Division, P. R. R. Company; Mr. John Lloyd, Altoona; Mr. H. C. Dern, Altoona; Mr. D. S. Keith, Supt. Schools, Altoona; Mr. John Fay, M.D., Altoona; Mr. G. W. Stratton, Master Mechanic Altoona Machine Shops; Mr. L. B. Riefsneider, Pres. School Board, Altoona; Mr. H. A. McPike, Altoona; Mr. Thomas Moore, President Select Council, Altoona; Mr John P. Levan, General Foreman Altoona Car Shops; Mr. W. H. Schwartz, Altoona; Mr. W. R. Dunham, Altoona; Mr. S. M. Hoyer, Altoona; Hon.

Theo. J. Burchfield, Mayor of Altoona; Dr. C. H. Closson, Secretary Board of Health of Altoona; Mr. J. K. Patterson, Pres. Common Council, Altoona; Mr. George F. Fresh, Altoona; Mr. Paul Kreuzpointner, Altoona; Mr. Theo. J. Wiglin. Legislative—Hon. Boies Penrose, Pres. *pro tem.* Senate; Hon. Charles Moore; Members of Committees on Public Health and Sanitation; Hons. J. B. Showalter, A. D. Markley, and N. B. Critchfield, of the Senate; Hons. Wm. H. McCullough, Andrew S. Stayer, P. S. Weber, S. S. Towler, H. N. Hess, J. H. Lafferty, J. Wilson Morrow, Henry F. Walton, Joseph G. West, and Peter J. Criste, of the House of Representatives; Secretary, Dr. William B. Atkinson, Hon. Professor of Sanitary Science, Medico-Chirurgical College; Assistant Secretary, Dr. C. H. Closson, Secretary Board of Health of Altoona.

The annual address was delivered on Friday evening, May 15, by Dr. Samuel G. Dixon, Professor of Hygiene in the Medical Department of the University of Pennsylvania, on "Tuberculosis." Among the subjects brought before the convention were the following: "Should Tuberculosis (consumption) be Placed on the List of Diseases to be Reported to Boards of Health?" by Dr. Lawrence F. Flick, of Philadelphia; "The Necessity for Sanitary Inspection of the Rural Districts of the State," by Dr. Daniel B. D. Beaver, of Reading, Pa.; "The Powers and Limitations of Borough and Municipal Authorities in Promoting the Public Health," by Hon. John Dean, of Hollidaysburg; "The Sewer System of Altoona, with a Proposed Method of Sewage Disposal," by Harvey Linton, City Engineer, Altoona; "Garbage Cremation," by Dr. M. L. Davis, President of the Lancaster County Medical Society; "Water Supply in Mountain Towns, with Special Reference to the Altoona Water Supply," by Dr. C. B. Dudley, chemist, Pennsylvania Railroad; "Information from the Records of the Altoona Board of Health," by Dr. C. H. Closson, Secretary; "Some Neglected Points in Railroad Sanitation," by Dr. Horace Smith, Medical Examiner Pennsylvania Railroad Relief Fund.

MADE HIS TIME COUNT.—A certain physician in a large New England town had acquired an unenviable reputation for making his bills as large as possible, without much regard to the state of his patients' purses.

There were people who, furthermore, said that it readily seemed as if there were "visits" on his bills which had never existed anywhere else.

But he was a skillful physician, and his tendency to overrate his services only served to amuse some of his patients, who had plenty of money and were not especially sharp in looking after it.

"Why," said one man to another, speaking of the doctor, "he brought my daughter Jennie up from her attack of pneumonia when two other physicians said that there was no hope for her, but when she was quite well again he charged me for three calls he made to inquire in a friendly way how she was getting on."

"That seems a little forced," admitted the other man, "but it's nothing compared to an experience I had with him at the seashore. We happened to be in bathing at the same time one day, and I swam up to him and inquired for his wife.

"'She is very well,' said the doctor.

"'And your daughters?' I asked.

"'They're perfectly well, both of them,' replied he, rather shortly, I thought. So I said, 'I'm delighted to hear it; remember me to them,' and swam away.

"'And what do you think I received from him a week or two later! An itemized bill—one item:—

"'To consultation at sea, $5."

Although no one has ever seen that bill, the story clings to the doctor's name to this day, after the lapse of many years.—*Youths' Companion.*

"Si non vero è ben trovato," says the Italian proverb; "If not true 'tis well imagined." We all know the man who sits by us in the railway car, and whispers, "Say, Doc., I think I've got catarrh. What's good for it?" These informal consultations always weary one. If it were customary to follow the New Englander's practice, probably we should not be so often troubled in this way.

HENRY GAWEN SUTTON, M.B. Lond., F.R.C.P., Physician and Lecturer on Pathology, London Hospital, lately died of pneumonia after influenza, at the comparatively early age of 55. He was a student at King's College, and graduated at the University of London. At first he was in general practice in the north of London, but after a few years (in 1863) he became a Member of the Royal College of Physicians, and began to practice as a physician. He was elected assistant physician to the London Hospital in 1867, and full physician in 1876. The work he did at this institution was great, continuous, and of the highest scientific and practical value. For many years he was almost daily at work in the wards or in the post-mortem room. It was once remarked of him with pardonable exaggeration: "He was never out of the hospital." Hence, very early he had not only acquired most extensive knowledge of, but a great familiarity with, disease. In all medical subjects Dr. Sutton had a fervid interest. He was exceptionally strong in taking both a wide and a precise view of a case of disease. His work with the late Sir W. Gull, not only on arterio-capillary fibrosis, but

on the natural history of rheumatic fever, is widely known and highly valued. His last book on medical pathology is very original. It was never intended to be a conventional text-book, and serves rather as a note-book of suggestions for men who have worked under Sutton. It is, nevertheless, widely useful and full of profound wisdom. He was a man of the most extraordinary clinical acumen. He taught with a confidence justified by knowledge acquired by years of direct work at cases of disease, and of patient and laborious investigations in pathology. As a teacher, he will long be remembered. Although he gave so little directly to the world, yet by training numerous students to be fit for the work they were to engage in in the future—to be good men and helpful at the bedside—he has greatly benefited his profession. All over the world are men who are better practitioners of medicine through Sutton's training. He was of a most amiable disposition; he was both beloved and trusted; he had the candor, frankness, and directness of a strong and cultivated man. The youngest student and his oldest colleagues look on his death as a bitter calamity. We can close this part of our task by saying that he was as estimable for the nobility of his character as for his intellectual endowments and for his good work done. He often astonished his patients by the directness and quaintness of his advice. Nothing can better convey the feeling of all at the hospital for him than the kindly messages sent during his illness and the feeling testimonies at his grave. "Men and women" thanked him for his helpful example, and the resident medical officers sent a laurel wreath, with the words, "He needs no rosary whose life is strung with beads of thought and love," and with this we leave him.

An old pupil of Dr. Sutton's writes: "It was impossible at times to recognize the means by which Dr. Sutton came to his conclusions. How accurate these conclusions were is known to thousands. On one occasion I ventured to say, 'Why do you place your hand upon your patient's epigastrium and let it remain there?' He said, with that gentle smile of his, 'I am feeling my way into the patient.' Probably no man ever trusted the sense of touch so much in diagnosing disease. He was a profound pathologist, a practical physician, and a man who possessed, in a manner I have never seen surpassed, the clinical instinct. It probably was not so generally known that he was also a deep student of philosophy—Spinoza especially—and a great reader of the poets. He was a true lover of art; and beauty, and Nature; but no sketch of Dr. Sutton would be complete without alluding to his deeply religious feeling. I have a letter before me which was written on May 1, 1891, which contains the following sadly prophetic words: 'I work on to promote the art of medicine; now I perceive what the Master meant when he said: He who would gain his life shall lose it.' Here, comes the opportunity for the art of medicine.'" —*British Med Journal.*

THE American Electro-Therapeutic Association will hold its first annual meeting at the Hall of the College of Physicians, corner Locust and Thirteenth Streets, Philadelphia, Pa., Thursday, Friday, and Saturday, September 24, 25, and 26, 1891, under the presidency of Dr. G. Betton Massey.

Physicians interested in the discussion of electricity in medicine are invited to attend without further notice. Wm. H. Walling, M.D., Secretary, 2005 Arch Street, Philadelphia; Horatio R. Bigelow, M.D., Chairman Executive Council.

OUR lips we can't help curlin'
At the medical profesh:
Sure, there's Dr. Quack, of Berlin,
Always finding something fresh
To prevent mankind from croaking,
And to load himself with fame.
This is not a theme for joking,
But—we get there just the same.

. . . . . .

Here's a man has struck a plan, sirs—
So the daily papers say—
To prevent the growth of cancers,
And we only hope he may;
All the things they'll soon be healing
To which one can put a name—
Yet we're haunted by a feeling
That we'll get them just the same.

Oh, confound all foreign "masters"
With a secret to disclose!
We believe in mustard plasters,
And put tallow on our nose.
Let the savants of Vienna
Spin their narratives so lame—
If we stick to salts and senna
We can get there just the same.
—*Hosp. Gaz.; Times and Register.*

THE Ohio State Medical Society held its forty-second annual session at Sandusky June 17, 18, and 19, 1891. Dr. W J. Conklin, of Dayton, was President, and Dr. G. A. Collamore, of Toledo, Secretary. A rather larger attendance was present as compared with last year.

The social features of the meeting included an excursion to Cedar Point, where a dinner, concert, and the President's address awaited them. An excursion to Lakeside, Kelley's Island, and Put-in-Bay Island was also given.

The officers chosen for the ensuing year were: President, Dr. G. A. Collamore, Toledo; First Vice-President, Dr. X. C. Scott, Cleveland; Second Vice-President, Dr. A. J. Gawne, Sandusky; Third Vice-President, Dr. A. R. Baker, Cleveland; Fourth Vice-President, Dr. F. D. Bain, Kenton; Secretary, Dr. C. A. L. Fitzpatrick, Cincinnati; Assistant Secretary, Dr. August Rhu, Marion; Treasurer and Librarian, Dr. T. W. Jones, Columbus. The following members

of committees were appointed for five years: Finance, H. J. Herrick, Cleveland; legislation, Dr. D. J. Snyder, Columbus; ethics, Dr. S. S. Thorn, Toledo; publication, Dr. E. S. McKee, Cincinnati; admissions, A. F. House, Cleveland.

A telegram of sympathy was sent Mrs. Dr. A. W. Ridenour, of Massilon, whose husband, an honored member of the society, and whose name was on the programme, lay dangerously ill.

Cincinnati was chosen as the place of the next meeting, and the date as the first Tuesday in May, 1892.

The matter of contract railroad surgeons was brought up, referred from the American Medical Association, and referred to a committee of five. The resolution making the members of auxiliary societies—that is, county and district societies—members of the State Society, as Indiana and other States have done, very much improving their membership, was, after some discussion, passed. The business of the Society is to be done by the delegates, and all members who are now members are not to be affected by this change,—*i. e.*, deprived of the right of suffrage.

The committee to get a law passed by the Legislature for the protection of physicians reported that, not liking the complexion of the present Legislature, they had not accomplished anything.

The President's address was on "Moliére and the Doctors," and consisted of matter mostly historical, enumerating numerous sayings of Moliére concerning the doctors.

Papers were read by Dr. C. W. Tangeman, Cincinnati, on "Convergent Squint and its Treatment;" by Dr. A. B. Thrasher, of Cincinnati, on "Papilloma of the Larynx," with case; Dr. C. N. Smith, of Toledo, "Gonorrhœa in Women;" Dr. A. B. Richardson, Cincinnati, "Home *vs.* Hospital Treatment of the Insane;" "Influenza," D. N. Kinsman, Columbus; "Convergent Squint and its Cure," Dr. C. W. Tangeman, Cincinnati; "The Value of Drainage in Cases of Bleeding After Laparotomy," Dr. M. Stamm, Fremont; "Compound Ganglia Treatment by Operation," Dr. C. S. Hamilton, Columbus; "Hernia," Dudley P. Allen, Cleveland, and others.

"Tests for Albumen" was the title of a paper read before the Ohio State Medical Society at its meeting in June, by Dr. Wm. B. Davis, of Cincinnati. He said that among the equipments required of the physician of to-day is that of making a thorough examination of the urine. In the United States albuminuria has been found to prevail in from 10 to 20 per cent. of all persons examined; in Great Britain and Europe larger percentages have been found, Prof. Gringer Stewart having demonstrated its presence in nearly one-third of the population. Professor Senator, of Berlin, states, in his recent work, that 41 out of every 100 healthy individuals, particularly soldiers, have albuminuria.

Of late years there has been a great multiplication of tests for the discovery of albumen in the urine. Posner's test, as published by Senator in his late work, is this: "Add to the filtered urine three times its volume of alcohol, or a concentrated aqueous solution of tannin, wash out the precipitate with water, and then dissolve with acetic acid; or add a large quantity of acetic acid to the urine, and then evaporate, in order to concentrate the urine. In both cases in the acetic-acid solution, all the tests for albumen which are not influenced by the acetic acid will give a positive result. There is no doubt that some of the tests recently introduced are useless, others misleading, and some are very difficult of application. In order that there may be uniformity in our investigations, there should be an agreement by chemists and the medical officers of life-assurance companies upon certain tests for albumen in the urine which shall be recognized as standard.

Dr. Davis here quoted a number of authorities who gave different tests for albumen, and from all the testimony he concluded that the familiar tests of heat and nitric acid were the most popular, the best, and most reliable reagents for the detection of albumen in the urine. Professor Vaughan, of the University of Michigan, wrote him that he thought the only tests which distinguished the albumens from the albumoses and peptones were the nitric-acid and heat tests, the nitric-acid contact test, and acetic-acid and potassium-ferrocyanide test.

The author concludes, however, that the refinement of our chemical tests, and the fact that some of them give reactions with other proteids than serum albumen, do not account for the wide discrepancy between the American and Continental reports of the prevalence of albuminuria in persons otherwise healthy.

Oil of Wintergreen as an Anti-Rheumatic Remedy.—Oil of wintergreen mixed with an equal part of olive-oil has lately been recommended in Germany as a remedy for rheumatism. The affected limbs are rubbed with this liniment, and then covered with cotton-batting. The pain is said to disappear in from four to six hours. Chronic rheumatism is reported to be especially benefited. The good effect is probably owing to absorption of the methyl-salicylate, which is brought into contact with the painful parts.—*Druggists' Circular.*

BOOK REVIEWS.

Lectures on Tumors, from a Clinical Stand-point. By JOHN B. HAMILTON, M.D., LL.D., Professor of Principles and Clinical Surgery, Rush Medical College, Chicago, etc. George S. Davis: Detroit, Michigan, 1891.

This little volume is one of the well-known Physicians' Leisure Library Series, and describes in lucid and compendious form the symptomatology and diagnosis of benign and malignant new formations. A number of illustrations accompany the text, and the chief points of an intricate subject are so clearly presented that the work is of much value, especially to students and young practitioners. The book is based upon stenographer's notes of the author's lectures, and embodies the experience of twenty years of surgical practice.

Practical Intestinal Surgery. By FRED. B. ROBINSON, B.S., M.D., Professor of Anatomy and Clinical Surgery, Toledo Medical College. Volume I. George S. Davis: Detroit, Michigan, 1891. Physicians' Leisure Library Series.

In this volume Professor Robinson records the results of numerous original experiments, made with a view of avoiding the dangers of major gynæcological operations. Late improvements in the technique of these operations and some new operative procedures devised by the author are clearly described. The work is one that can be recommended.

A Clinical Text-Book of Medical Diagnosis for Physicians and Students, based upon the most Recent Methods of Examination. By OSWALD VIERORDT, M.D., Professor of Medicine at the University of Heidelberg. Authorized translation from the second improved and enlarged German edition, with additions. By FRANCIS H. STUART, A.M., M.D. With 178 illustrations, many of which are in colors. Philadelphia: W. B. Saunders, 913 Walnut Street, 1891. Price, $4.00 net, cloth; $5 co net, sheep.

This is an excellent and highly-useful treatise. The points essential to exact diagnosis are clearly indicated and described as briefly as is consistent with accuracy. The results of the most recent investigations are embodied in the work. A comprehensive account is given of the methods of examination of the chest for disease of the lungs or heart. The macroscopic and microscopic examination of the sputum forms the subject of one section, and is accompanied by a number of plates, representing the epithelial cells, elastic fibres, Curshmann's spirals, crystals of hæmatoidin, cholesterin, and fatty acids, echinococci, pneumococci, tubercle bacilli, etc. A short description of the method of staining is also given. The methods of distinguishing the various cardiac lesions are circumstantially presented. The characteristics of the pulse in diseased conditions are dwelt upon with considerable detail, and other phenomena in arteries, such as aneurisms, capillary pulsation, etc., are explained. Morbid conditions of the venous system are fully considered, after which a section is devoted to the spectroscopic and microscopic examination of the blood. Chapter VI treats of the examination of the digestive apparatus, and concludes with a valuable discussion of the method of examining the contents of the stomach and the fæces. In the succeeding chapter the significance of the variations in morbid urine is explained. An excellent account is given of the microscopic appearances of urinary sediments, and colored plates represent gonococci in pus from the urethra and a pure culture of tubercle bacilli in the urine in tuberculosis of the genito-urinary apparatus. The final chapter relates to the examination of the nervous system, and applies the results of the recent discoveries and experiments to the affections of the nervous system. The influence of nervous diseases upon the vegetative system receives due consideration.

A copious index adds to the value of the work. The translation has evidently been skillfully performed.

Columbia: A Story of the Discovery of America. By JOHN R. MUSICK. Illustrated. New York: Worthington Company, 1891.

This is an interesting and instructive story, relating to the discovery of the New World. A vein of fiction running through the book lends life and animation to the purely historical portion. The tale, which adheres closely to historical truth, deals with the adventures and love of a youth who accompanied the great navigator upon his first voyage.

It is the intention of the publishers to follow this work with others in which events in the early history of this continent shall form the basis of fictitious narratives.

Jenny's Ordeal. By LEON DE TINSEAU. Translated by CAMDEN CURWEN. Illustrated. New York: Worthington Company.

A pleasing story of love and self-sacrifice. This book is entirely free from the license which disfigures many French novels. The principal characters are well drawn, and Jenny herself is a charming portraiture. Separated by a cruel conflict between love and friendship, the hero and heroine are at length happily united.

Misjudged. By W. HEIMBURG. Translated by Mrs. J. W. DAVIS. New York: Worthington Company, 1891.

This story is based upon the erring impulses of the artistic temperament. An artist husband

wastes his wife's fortune in extravagance, fails to perceive the nobility of his wife's character, and, without falling into gross vice, becomes violently enamored of a beautiful young woman. As a consequence, his career is blighted until the shock of misfortune restores him to his senses; repentance is succeeded by application and a happy reunion to his estranged wife.

CURRENT MEDICAL LITERATURE.

A New Intestinal Clamp. By A. V. L. Brokaw, M.D., Demonstrator of Anatomy and Operative Surgery, Missouri Medical College; Junior Surgeon of St. John's Hospital, etc., St. Louis.

Some Practical Points in the Technique of Abdominal and Pelvic Surgery. By A. V. L. Brokaw, M.D., St. Louis, Mo., Demonstrator of Anatomy and Operative Surgery, Missouri Medical College; Junior Surgeon to St. John's Hospital.

Extirpation of the Kidney for an Enormous Myxo-sarcoma in a Child aged 3 Years and 8 Months. By A. V. L. Brokaw, M.D., Demonstrator of Anatomy and Operative Surgery in the Missouri Medical College; Junior Surgeon to St. John's Hospital, etc.

Abstract of Sanitary Reports, Washington, D. C., July 17, 1891.

University of Pennsylvania. Catalogue for Session 1890–91, and Announcement for Session 1891–92. One Hundred and Twenty-sixth Annual Session.

Eye Diseases of the Unborn. By Julian J. Chisolm, M.D., Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon-in-Chief of the Presbyterian Eye, Ear, and Throat, Charity Hospital of Baltimore City.

The Diagnosis of Incipient Melancholia. An Abstract of a Lecture delivered before the Class of the Kansas City Medical College. By S. Grover Burnett, A.M., M.D., Kansas City, Mo., Lecturer on Clinical Diseases of the Nervous System in the Kansas City Medical College.

Bulletin of the American Academy of Medicine. Issued July, 1891.

State Board of Health Bulletin, Nashville, Tenn. July, 1891, No. 12.

Cancer of the Cervix Uteri in the Negress; with Pyo-physometra. By Howard A. Kelly, M.D., Professor of Cynæcology in the Johns Hopkins University; Gynæcologist and Obstetrician to the Johns Hopkins Hospital.

Announcement. Medico-Chirurgical College of Philadelphia, 1891–92.

Points on the Treatment of Epilepsy. An Abstract of a Lecture delivered before the Class of the Kansas City Medical College, at the City Hospital. By S. Grover Burnett, A.M., M.D., Kansas City, Mo., Lecturer on Clinical Diseases of the Nervous System, Kansas City Medical College.

The Direct Treatment of Diseased Tubes and Ovaries. By A. V. L. Brokaw, M.D., St. Louis, Mo., Demonstrator of Anatomy and Operative Surgery, Missouri Medical College; Junior Surgeon to St. John's Hospital.

Abstract of Sanitary Reports, Washington, D. C., July 24, 1891.

An Analysis of the Statistics of Forty-one Thousand Five Hundred Cases of Epidemic Influenza. By Benjamin Lee, A.M., M.D., Ph.D., Secretary of the State Board of Health of Pennsylvania.

Delayed Operation in Pyosalpinx—Not an Unusual History. By A. B. Hirsh, M.D., Philadelphia.

Some of the Peculiarities of the Climate of California, and their Relation to the Treatment of Consumption of the Lungs. By T. D. Myers, M.D.

A Case of Acromegaly. By Charles Long, A.M., M.D., Wilkesbarre, Penna.

Programme of Proceedings of the Thirty-Eighth Annual Session of the American Medical Association, held at Chicago, Ill., June 7th, 8th, 9th, and 10th, 1887.

Annual Report on Laws Regulating Medical Practice. Read before the American Academy of Medicine, at its Fourteenth Annual Meeting, at Philadelphia, December 4, 1890. By Richard J. Dunglison, A.M., M.D., Secretary of the Academy.

What shall we do with our Chronic Insane? An Open Letter addressed to Hon. C. H. Stinson, President of the Board of Trustees of the State Hospital for the Insane, Norristown, Pa. By Alice Bennett, M.D., Ph.D.

A Farther Study of Anodal Diffusion as a Therapeutic Agent. By Frederick Peterson, M.D., Attending Physician to the New York Hospital for Nervous Diseases.

Thirty-eighth Annual Report of the Pennsylvania Training School for Feeble-minded Children, Elwyn, Delaware County.

A Card to the Members of the Texas State Medical Association. By H. C. Ghent, M.D., Belton, Texas.

Daniel in the Lion's Den. By J. D. Burch, M.D., Aurora, Texas.

Annual Report of the Postmaster-General of the United States for the Fiscal Year ending June 30, 1890.

The Prevention of Tuberculosis: A Century's Experience in Italy under the Influence of the Preventive Laws of the Kingdom of Naples, enacted in 1782. Read at the Meeting of the American Public Health Association, Charleston, S. C., December 16, 1890. By Lawrence F. Flick, M.D., of Philadelphia.

Circular—The Prevention of Small-pox. Now is a Good Time to be Vaccinated.

Proceedings and Addresses at a Sanitary Convention, held at Battle Creek, Mich., June 25 and 26, 1890, under the Direction of a Committee of the State Board of Health and a Committee of Citizens of Battle Creek.

Amvgdalotomie et Hémorragie. Par le Docteur E. J. Moure, Professeur libre des maladies du larynx, des oreilles et du nez; Directeur de la Revue de Laryngologie, d'Otologie et de Rhinologie, etc.

The Plea of Insanity as an Apology for Crime; with a Report and Discussion of the Case of John Barrett. By. G. W. McCaskey, A.M., M.D., Fort Wayne, Ind.

Our Nervous Systems as Factors in Some of the Social Problems of the Day, and as Products of our Social Environment. A Popular Medical Address, delivered by G. W. McCaskey, M.D., of Fort Wayne, Ind., before the Southern Michigan Medical Association and Citizens of Hillsdale, Mich., December 9, 1890.

Report of a Case of Ectopic Gestation. By Charles Meigs Wilson, M.D., Surgeon-in-Charge of the Philadelphia Lying-in Charity.

The Preferable Climate for Consumption; or, The Comparative Importance of Different Climatic Attributes in the Arrest of Chronic Pulmonary Disease. By Charles Denison, A.M., M.D., Professor of Diseases of the Chest and of Climatology, Medical Department, of University Denver, Col.

The Abuse of a Great Charity. By George M. Gould, M.D., Ophthalmologist to the Philadelphia Hospital.

Antisepsis and Asepsis Before and After Major Gynæcological Operations. By Howard A. Kelly, M.D., Professor of Gynæcology in the Johns Hopkins University.

The Treatment of the Morphine Disease. By J. B. Mattison, M.D., Home for Habitués, Brooklyn, N. Y.

President's Address: Consideration and Determination of Some of the Conditions Requiring Prompt Opening of the Peritoneal Cavity. By E. E. Montgomery, B.S., M.D., Philadelphia, Pa.

The Medical Profession as a Public Trust. By John G. Orton, M D., of Binghampton, N.Y., President of the New York State Medical Association.

Synopsis of a Course in Microscopy for Pharmacists. Read before the American Pharmaceutical Associaton, Old Point Comfort, Va., 1890. By Dr. H. H. Whelpley, F.R.M.S.

Malaria and the Causation of Intermittent Fever. By Henry B. Baker, M.D., of Lansing, Mich.

Abstract of Proceedings of the Michigan State Board of Health Meeting, October 14, 1890.

Twelfth Annual Report of the Board of Directors of the Eighth Ward Association of the Philadelphia Society for Organizing Charity, November, 1890.

State Board of Health: The Dangers Arising from Public Funerals of Those who have Died from Contagious and Infectious Diseases.

Report of Committee on Vital Statistics, with an Appendix.

Transactions of the American Dermatological Association at its Thirteenth Annual Meeting, held at Boston Medical Library, Boston, Mass., on the 17th, 18th, and 19th of September, 1889.

A Case of Ringworm of the Scalp, Complicated by Pustular Eczema: Cure. By A. H. Ohmann-Dumesnil, Professor of Dermatology, St. Louis College of Physicians and Surgeons.

A Peculiar Case of Addison's Disease. By A. H. Ohmann-Dumesnil, Professor of Dermatology in the St. Louis College of Physicians and Surgeons.

Establishing Tolerance for the Tubercle Bacillus. By Samuel G. Dixon, M.D., Professor of Bacteriology, Academy of Natural Sciences, Philadelphia.

Stricture of the Rectum: A Study of Ninety-six Cases. By Charles B. Kelsey, M.D., N. Y., Professor of Diseases of the Rectum at the New York Post-Graduate School and Hospital.

Index Bibliographicus Dermatologiæ. Bearbeit von Dr. Karl Szadek, Bibliothekar der Kiewschen Gesellschaft der Aerzte, Korrespondierendes Mitglied der Medizinischen Gesellschaft zu Krakau und Warschau, und Spezialarzt für Syphilis und Hautkrankheiten in Kiew (Süd-Russland). Erster Jahrgang. Die Litteratur des Jahres, 1888.

COMMERCIAL NEWS.

IT IS A FACT THAT BUT ONE PAPER IN NINETEEN HAS FURNISHED SUCH A STRAIGHT-OUT STATEMENT OF ACTUAL ISSUES AS YOU HAVE.

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ROSSVILLE, STATEN ISLAND, July 16, 1891.

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L.R.C.P., L.R.C.S., Edin.

NEW YORK, May 5, 1890.

The fact that this valuable preparation is constantly used in the following hospitals in New York City and Brooklyn renders further comment unnecessary: Bellevue Hospital of Medical and Surgical Relief for the Out-Door Poor, St. Luke's Hospital, St. Vincent's Hospital, St. Francis Hospital, The New York Hospital (Out-Patient Department), The New York Post-Graduate Medical School and Hospital, The New York Polyclinic Hospital and Dispensary, Roosevelt Hospital (Out-Patient Department), University Medical College Dispensary, The French Hospital, Demilt Dispensary, Long Island College Hospital, Brooklyn Hospital, St. Mary's General Hospital, St. Mary's Maternity and Female Hospital, St. Peter's Hospital, St. John's Hospital, St. Catherine's Hospital, Homœopathic Hospital, Kings County Hospital, Brooklyn Eye and Ear Hospital, The Brooklyn Home for Consumptives, The Woman's Hospital, The Baptist Home, The Methodist Episcopal Hospital, Memorial Hospital, the Chinese Hospital, The Norwegian Hospital, Brooklyn City Dispensary, Brooklyn Central Dispensary, Atlantic Avenue Dispensary, Bushwick and East Brooklyn Dispensary.

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